2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P94000001851 1. Entity Name



SILVER SPRINGS AUTOS INC							03-31-2004 90039 0	10 130.	00	
Principal Place of Business 5300 E SILVER SPRINGS BLVD. SUITE A SILVER SPRINGS FL 34488		5300 SUITE	Mailing Address 5300 E SILVER SPRINGS BLVD. SUITE A SILVER SPRINGS FL 34488				I JANUARA NA INIK ALEM ARIK NEMERUKAN		t Whinel II icei	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
City & State			City & State			4.	FEI Number 59-3237857		Applied For Not Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired Fe		Fee Requi	8.75 Additional ee Required	
	6. Name and Address of	of Current Registere	d Agent			7. 1	Name and Address of New Register	ed Agent		
					Name					
MCPHEETERS, JAMES L 5300 E SILVER SPRINGS BLVD. SUITE K					Street Address (P.O. Box Number is Not Acceptable)					
SILVER SPRINGS FL 34488										
				City			•	FL Zip Co	· · ·	
 The above the obligat 	named entity submits this st ions of registered agent.	atement for the purp	ose of changing its	s register	ed office or registe	ered ag	gent, or both, in the State of Florida. I	am familiar wit	h, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						,	Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFIC	ERS AND DIRECTO	RS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	DPST				E			☐ Chang	Addition	
NAME STREET ADDRESS					EET ADDRESS				:	
CITY-ST-ZIP	SILVER SPRINGS FL 34488			CITY-ST-ZIP						
TITLE	DPST Delete			TITLE			Chang	e 🔲 Addition		
NAME STREET ADDRESS	ESKRIDGE, BARBARA A 5325 NE 24TH ST #B			NAME CYDEET ADDRESS				,		
CITY-ST-ZIP	00ALA FL 34470			STREET ADDRESS CITY-ST-ZIP						
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of the cor	on this report of supplemen	tai report is true and ustee empowered to	accurate and that execute this repor	my signa t as requ	ture shall have the	a same	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; th rida Statutes; and that my name appe	at Lam an offic	or or director 1	