2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90075 019 ***150.00

DOCUMENT # P94000080958

1. Entity Name
MARSHALL'S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
30360 OVERSEAS HWY BIG PINE KEY, FL 33043 US	30360 OVERSEAS HWY BIG PINE KEY, FL 33043-3352 US

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13854 Rudi Loop	13854 Rudi Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State: Spring Hill FL
Zip: 34609 Country:	Zip: 34609 Country:

4. FEI Number: 56-1723966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, ELSIE S ~~574 CROTON LANE~~ 13854 Rudi Loop ~~BIG PINE KEY, FL 33043~~ Spring Hill, FL 34609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MARSHALL, ELSIE S 571 CROTON LANE BIG PINE KEY, FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13854 Rudi Loop Spring Hill, FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MARSHALL, MELVIN W 571 CROTON LANE BIG PINE KEY, FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13854 Rudi Loop Spring Hill, FL 34609	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elsie S. Marshall 1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #