

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40343

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: COMO AUTO SALES & SERVICE, INC.

**Current Principal Place of Business:**

1601 W MAIN ST  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

1601 W MAIN ST  
INVERNESS, FL 34450

**New Mailing Address:**

FEI Number: 59-3062630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMO, RICHARD J  
1400 NW 3RD ST.  
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COMO, RICHARD J.,  
Address: 1400 NW 3RD ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP ( ) Delete  
Name: COMO, DAWN  
Address: 1400 NW 3RD ST.  
City-St-Zip: CRYSTAL RIVER, FL 34428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD COMO

PRES

07/08/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date