

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90002 041 ***150.00

DOCUMENT # P03000033202

1. Entity Name
AUTOEXCEL FLORIDA, INC.



Principal Place of Business
**3424 SOUTHSIDE BLVD
UNIT 8025
JACKSONVILLE, FL 32216**

Mailing Address
**P O BOX 1914
KENNESAW, GA 30156**

54065510



2. Principal Place of Business
2825 St. John Bluff Rd South

3. Mailing Address

Suite, Apt. #, etc.
4000 Storage Mall Unit F015

Suite, Apt. #, etc.

City & State
Jacksonville Florida

City & State

Zip
32246

Country
USA

Zip

Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0450018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOSTRO, JOHN J
3424 SOUTHSIDE BLVD
UNIT 8025
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KOSTRO, JOHN J**
STREET ADDRESS **3854 PRINCETON OAKS**
CITY-ST-ZIP **KENNESAW, GA 30144**

TITLE **VP** ☐ Delete
NAME **LITTLER, JESSE K**
STREET ADDRESS **1550 TERRELL MILL RD, APT. C**
CITY-ST-ZIP **MARIETTA, GA 30067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Kostro President 7-12-04

Date

Daytime Phone #

770-424-0865