

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045504

FILED
Sep 09, 2004
Secretary of State

Entity Name: MID-FLORIDA AUTO WHOLESALE, INC.

Current Principal Place of Business:

4135 S HWY 17-92
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

4135 S HWY 17-92
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3454759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, FRANK
4135 S HWY 17-92
CASSELBERRY, FL 32707

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: BRIAN BLACK,
Address: 601 LANDINGS PL
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: VICKIE BLACK,
Address: 7057 CARDINALWOOD CT
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: FRANK BLACK,
Address: 7057 CARDINALWOOD CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ROBERT BLACK,
Address: 1116 SEAFARER LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S/T (X) Change () Addition
Name: FRANK BLACK,
Address: 7057 CARDINALWOOD CT
City-St-Zip: ORLANDO, FL 32818

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: BRIAN BLACK

P

09/09/2004

Electronic Signature of Signing Officer or Director

Date