2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235310

Entity Name: PLANT CITY MOTORS, INC.

FILED Jan 26, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1722 S COLLINS ST 502 E. PARK ROAD PLANT CITY, FL 33566 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

1722 S COLLINS ST 502 E. PARK ROAD PLANT CITY, FL 33566 PLANT CITY, FL 33563

FEI Number: 59-0917334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GILLETTE, JOHN M
1722 S. COLLINS ST.
PLANT CITY, FL 33566 US
GILLETTE, JOHN M
502 E. PARK ROAD
PLANT CITY, FL 33563 US

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: 01/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GILLETTE, JOHN M
 Name:
 GILLETTE, JOHN M

 Address:
 1722 S. COLLINS STREET
 Address:
 502 E. PARK ROAD

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:
 PLANT CITY, FL 33563

Title: STD () Delete Title: () Change () Addition

 Name:
 ARTHUR, THOMAS D
 Name:

 Address:
 707 AZEELE STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:

Title: AS () Delete Title: () Change () Addition

 Name:
 GILLETTE, DOROTHY
 Name:

 Address:
 4505 BEACH PARK DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

Title: AS () Delete Title: AS (X) Change () Addition

Name:PERIGO, SHÀRÓNName:PERIGO, SHÀRÓNAddress:1722 S. COLLINS STREETAddress:502 E. PARK ROADCity-St-Zip:PLANT CITY, FL 33566City-St-Zip:PLANT CITY, FL 33563

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: JOHN M GILLETTE PRES 01/26/2004