2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90118 020 ***150.00

DOCUMENT # 285392

1. Entity Name
FLORIDA AUTOMOTIVE WHOLESALERS SERVICE CORPORATION

44052331

Principal Place of Business	Mailing Address
550 N. BUMBY AVE. STE 215 ORLANDO, FL 32803 US	PO BOX 533009 ORLANDO, FL 32853-3009 US

09022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15619 Premiere Dr.	15619 Premiere Dr
Suite, Apt. #, etc. Ste #101	Suite, Apt. #, etc. Ste #101
City & State Tampa Fl	City & State Tampa Fl
Zip 33624 Country USA	Zip 33624 Country USA

4. FEI Number
59-1108807
☐ 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
EHRHARD, GEORGE 550 N. BUMBY AVE., #215 ORLANDO, FL 32803	Name: George Ehrhard Street Address (P.O. Box Number is Not Acceptable): 15619 Premiere Dr Suite #101 City: Tampa FL Zip Code: 33624

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: George Ehrhard 9/3/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, MANNY 3535 NW 7TH ST. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Eileen Sottile 11701 NW 101st Rd Ste# 1 Medley, Fl 33178 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED EHRHARD, GEORGE 550 N BUMBY AVE STE 215 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED George Ehrhard 15619 Premiere Dr #101 Tampa Fl 33624 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRATHER, JOEL 6422 W. HWY 98 PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres. C. Victor Davis 820 NW 27th Ave Ocala, Fl 34475 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, VIC 820 NW 27TH AVE. OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Craig Pate 209 S. Main St Belle Glades, Fl 33430 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEEGAN, SUSAN 201 S 78TH ST TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Steve Wiggins 116 W. 15th St. Panama City, Fl 32401 ☑ Change ☐ Addition
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: George Ehrhard 9/3/04 (813) 962-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #