2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM

1. Entity Nan	MENT # 310317 of uto sales, inc.			Secretary of State
Principal Place 7901 FLORI P.O. BOX 83 TAMPA, FL	394	Mailing Address 610 S BLVD TE 100 TAMPA, FL 33606 US		
ב	OO NOT WRITE		CE	02252005 No Chg-P CR2E034 (10/03) 4. FEI Number
HICKEY,GEORGE F 7901 FLORIDA AVE TAMPA, FL 33604				DO NOT WRITE IN THIS SPACE
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, yield or printed name of registered agent and title if applicable TNOTE Registered Agent signature required when relinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIF	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKEY,GEORGE F 610 S BLVD TAMPA, FL 33605		SCHOOL P. V. Sanda Alban	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	D HICKEY, WENDY V. 610 S BOULEVARD TAMPA, FL 33605]: <u></u>	U00000254066 03/07/05-80060-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ <u></u>
TITLE NAME STREET ADDRESS: 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 an address, with all other like empowered.				
SIGNATURE: 3-3-03 At 545-2424 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Daylor Phone *				