


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 511526 1. Entity Name TAMPA AUTO FLEA MARKET, INC. |  |
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| Principal Place of Business 6852 W. HILLSBOROUGH TAMPA, FL 33634-5002 | Mailing Address 6852 W. HILLSBOROUGH TAMPA, FL 33634-5002 |
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02242004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-1811926 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent SAUER, ROBERT E 6852 W. HILLSBOROUGH AVE. TAMPA, FL 33634-5002 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CUSHING, JOHN R 18703 GERACI ROAD LUTZ, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUSHING, JOHN R 18703 GERACI ROAD LUTZ, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SAUER, ROBERT 6114 SCHOONER WAY TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAUER, ROBERT 6114 SCHOONER WAY TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/08/04-80140-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 8138852426
Date Daytime Phone #