2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 02, 2004 8:00 am **Secretary of State DOCUMENT # 533452** 1. Entity Name 03-02-2004 90007 020 ***150.00 POPP AUTOMOTIVE, INC. Principal Place of Business Mailing Address 732 LAKE GENEVA DR ST AUGUSTINE FL 32092 US 732 LAKE GENEVA DR ST AUGUSTINE FL 32092 2. Principal-Place of Business 3. Mailing Address 1225 WOOD CHURCH LA. 1225 WOOD CHURCH LA Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For T. AUGUSTINE 59-1754386 FL, ST. AUGUSTINE FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32092 32092 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPP, GERALD J. Street Address (P.O. Box Number is Not Acceptable) -732-LAKE GENEVA DR ST AUGUSTINE FL 32092 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IMF ☐ Delete TITLE ☐ Addition POPP, GERALD J. NAME 1225 WOOD CHURCH LA. STREET ADDRESS 732 LAKE GENEVA DR STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE POPP, LOUISE NAME NAME 1225WOOD CHURCH LA. STREET ADDRESS 732 LAKE GENEVA DR STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP -- 🗖 Deletë TITLE - -- En Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED