## 2004 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT					Feb 23,	2004 0	8:00 AN
1. Entity Nam	MENT # 538110 D AUTO AIR OF DAYTONA,			Secr	etary of	State	
850 RIDGEWOOD AVENUE 8		Mailing Address 850 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 US			: XXXX		
	O NOT WRITE	IN THIS SPA	SE	02192004 4. FEI Numbe	No Chg-P	CR2E034 (10/	
	6. Name and Address of Current Re			59-1739		\$8.75 Fee Rec	Not Applicable Additional
850 RIDGI	S, KEVIN M EWOOD AVE LL, FL 32117				NOT W HIS SP	uliase di Lastidio	
	named entity submits this statement for ti lons of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flor	ida. I am familiar v	with, and accept
Signature, typed or printed name of registered agent and title if appRoable. (NCTE: Registered  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.				\$5.00 May Be Added to Fees U0000062194 02/23/34-80112-0			tsa an
10.	OFFICERS AND DI	RECTORS				hin e in in	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASTERS, KEVIN M 850 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	nections					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				୨ ବ୍ୟସ୍ତିତ୍ୟ କଳ <del>ବ୍ୟବ୍ୟ ବ୍ୟ</del> ବ୍ୟ କର୍ଷ୍ଟର	NOT W	55,675,676,18,532,476,44	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SF	ACE	
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 preserved 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 the address, with all other like empowered.

SIGNATURE:

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

Daytime Phone #