2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State

 Entity Nan 	MENT # 625688 LINE SELECT CARS, INC.				07-30-2004 90004 045 ***150.00		
	i			<u> </u>			
Principal Place of Business 3040 N.W. GAINESVILLE RD 0CALA, FL 34470 US		Mailing Address 200 E BROWARD BLVD STE 920 FORT LAUDERDALE, FL 33301 US		1 (48)(6 4)(1	44050705		
2. Principal Place of Business		3. Mailing Address 7500 HOUYWOOD BUYE		3UD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 309		07202004	07202004 Chg-P CR2E034 (10/03)		
City & State		City & State HOWWOOD, FE		4. FEI Numb 59-191		⊢	plied For
Zip	Country	Zip 33070	Country US		of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current i	Registered Agent		7. Name and	Address of New Re	<u>'</u>	
GUNNELL, CASEY L 200 E BROWARD BLVD., #920 FORT LAUDERDALE, FL 33301 Street Address (P.O. Box Number is Not Acceptable) City TAUAHASSEE FL Zin Code							
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, 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. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							F.S., the notice.
10.	OFFICERS AND (11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GUNNELL, CAŞEY 200 E BROWARD BLVD., #920 FORT LAUDERDALE, FL 33301	• I Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		, Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO'	□ Delete v	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTHONY E 2500 HOWY HOWYWOO!	US doon	M Change ND. SUITE 3 3070	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* ***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby of indicated	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	ne exemption stat signature shall hi	ed in Section 119.07(3)(ave the same legal effec), Florida Statutes. I i t as if made under oa	further certify that the in ath; that I am an officer	formation or director

Indicated on this report or supplemental report are done and making signature shall have the same legal effect as it made under dail, that if of the corporation or, the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY BOZZILLO