


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000253 1. Entity Name SAPPENFIELD MOTORS, INC.	
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02252004 No Chg-P CR2E034 (10/03)

Principal Place of Business 4025 N. MAIN STREET GAINESVILLE, FL 32609	Mailing Address 4025 N. MAIN STREET GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3049033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAPPENFIELD, THOMAS B 4025 N. MAIN STREET GAINESVILLE, FL 32609	DO NOT WRITE IN THIS SPACE
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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 reappointing)

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

000000066718
02/26/04-80026-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPPENFIELD, THOMAS D 1985 RIVER OAKS DRIVE CALUMET CITY, IL 60409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPPENFIELD, THOMAS B 1985 RIVER OAKS DRIVE CALUMET CITY, IL 60409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPPENFIELD, TIMOTHY J 1985 RIVER OAKS DRIVE CALUMET CITY, IL 60409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPPENFIELD, ANDREW R 1985 RIVER OAKS DRIVE CALUMET CITY, IL 60409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHORT, V 4025 N MAIN STREET GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #

2/25/04 352-322 8433