2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49498

FILED Feb 08, 2004 Secretary of State

Entity Name: PIKE'S AUTOMOTIVE AND TRUCK REPAIR, INC.

Current Principal Place of Business: New Principal Place of Business:

3828 NW 2ND AVE MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

3828 NW 2ND AVE POST OFFICE BOX 325 MIAMI, FL 33127 POPTON, NC 28781

FEI Number: 59-2161751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIKE, MICHAEL JOHN
16107 KINGSMOOR WAY
MIAMI LAKES, FL 33014

PIKE, MICHAEL JOHN
3828 NW 2ND AVENUE
MIAMI, FL 33127

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.

SIGNATURE: 02/08/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PIKE, MICHAEL JOHN, Name: PIKE, MICHAEL JOHN,

 Name:
 PIKE, MICHAEL JOHN,
 Name:
 PIKE, MICHAEL JOHN,

 Address:
 6985 GLEN EAGLE DR
 Address:
 3828 NW 2ND AVENUE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI, FL 33127

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 PIKE, VIRGINIA MARIA,
 Name:
 PIKE, VIRGINIA MARIA,

 Address:
 6985 GLEN EAGLE DR
 Address:
 3828 NW 2ND AVENUE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI, FL 33127

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 PIKE, GINA
 Name:
 PIKE, GINA

 Address:
 19401 SW 129 CT
 Address:
 19401 SW 129 CT

 City-St-Zip:
 MIAMI, FL 33171
 City-St-Zip:
 MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA PIKE VP 02/08/2004