2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2004 08:00 AMSecretary of State DOCUMENT # F66532 1. Entity Name AUTOMOTIVE ENTERPRISES, INC. Mailing Address Principal Place of Business % RICHARD L HORD % RICHARD L HORD P.O. BOX 422406 KISSIMMEE FL 34742-2406 P.O. BOX 422406 KISSIMMEE FL 34742-2406 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2267712 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORD, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2324 ROBERT COURT KISSIMMEE FL 34741 City Zip 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 diapplicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campalgn 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE HILE HORD, RICHARD L U00000070589 NAME NAME STREET ADDRESS 2324 ROBERT COURT STREET ADDRESS 03/01/04-80044-019 150.00 CITY - ST-ZIP KISSIMMEE, FL 00000 CITY-ST-ZIP Delete TITLE Change Additron TITLE HORD, RICHARD W NAME NAME STREET ADDRESS 1650 GRANADA BLVD STREET ADDRESS City-ST-ZIP KISSIMMEE, FL 00000 CITY+ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 attaching ht with an address, with all other like empowered.

SIGNATURE GRATURE AND TYPHYON PRINTER YAND

2/26/04/407-847-3057-10 Date Date

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