

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|--|--|
| DOCUMENT # F82461 1. Entity Name RALPH'S AUTO SALES, INC. | |  | |
| Principal Place of Business % RALPH WASHNOCK 610 SUWANNEE AVENUE BRANFORD, FL 32008 | | Mailing Address RALPH'S AUTO SALES INC P O BOX 450 BRANFORD, FL 32008 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01292004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2202881 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 WASHNOCK, RALPH 610 SUWANNEE AVENUE BRANFORD, FL 32008 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | U000000091500 03/18/04-80011-020 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | PD WASHNOCK, RALPH 610 SUWANNEE AVE BRANFORD, FL 00000, | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | RALPH WASHNOCK 386-935-0072 3-12-04 Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |