


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006932	
1. Entity Name AUTOMOTIVE CONCEPTS OF NORTH AMERICA, INC.	

Principal Place of Business 513 HORSHAM ROAD HORSHAM, PA 19044	Mailing Address 513 HORSHAM ROAD HORSHAM, PA 19044
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2790489	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

DERINGER, CHARLES D
965 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

**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 _____

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	U000000111706 04/13/04-80030-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DERINGER, CHARLES 513 HORSHAM ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP READER, THOMAS III 513 HORSHAM ROAD HORSHAM, PA 19044
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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:  3-25-04 215-4435420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #