

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90027 039 ***150.00

DOCUMENT # G12410

1. Entity Name

AUTOMEG, INC.



Principal Place of Business

12626 DOUBLE RUN RD.
ASTATULA FL 34705

Mailing Address

12626 DOUBLE RUN RD.
ASTATULA FL 34705

2. Principal Place of Business

12626 Double Run Rd

Suite, Apt. #, etc.

3. Mailing Address

12626 Double Run Rd

Suite, Apt. #, etc.

City & State

Astatula, Florida

City & State

Astatula, FL

4. FEI Number

59-2379797

Applied For

Not Applicable

Zip

34705

Country

U.S.A.

Zip

34705

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORVATH, JOSEPH G.
12626 DOUBLE RUN ROAD
ASTATULA FL 34705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Joseph G. Horvath - PRESIDENT

FEB 6, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HORVATH, JOSEPH G
STREET ADDRESS 12626 DOUBLE RUN ROAD
CITY-ST-ZIP ASTATULA, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, JAMES C
STREET ADDRESS 219 WEST ALFRED
CITY-ST-ZIP TAVARES, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6, 2004

Date

Daytime Phone #