

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J24502

Entity Name: CISSON'S AUTO, INC.

FILED  
Jan 09, 2004  
Secretary of State

## Current Principal Place of Business:

297 WILMETTE AVE  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

297 WILMETTE AVE  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

FEI Number: 59-2708998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CISSON, ALBERT  
297 WILMETTE AVE  
ORMOND BEACH, FL 32074 US

## Name and Address of New Registered Agent:

CISSON, ALBERT  
297 WILMETTE AVE  
ORMOND BEACH, FL 32174 US

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:

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CISSON, ALBERT  
Address: 297 WILMETTE AVE  
City-St-Zip: ORMOND BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CISSON, ALBERT  
Address: 297 WILMETTE AVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: ALBERT CISSON

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date