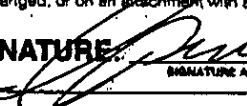


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90192 003 ***158.75

DOCUMENT # J61579			
1. Entity Name NAPLES AUTO MART, INC.			
Principal Place of Business 499 AIRPORT RD N NAPLES, FL 34104		Mailing Address 499 AIRPORT RD N NAPLES, FL 33942	
2. Principal Place of Business		3. Mailing Address 46851 NEAL ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PUNTA GORDA FL	
Zip	Country	Zip	Country
33982	CHARLOTTE	33982	CHARLOTTE
4. Fci Number 69-2782973		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent D'ANTUONO, ANTHONY M 497 AIRPORT DR. NAPLES, FL 34104		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 46851 NEAL ROAD City PUNTA GORDA FL 33982	
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 the if applicable. (NOTE: Registered Agent signature required when resigning)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPT D'ANTUONO, ANTHONY M. 497 AIRPORT RD NO NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 46851 NEAL RD PUNTA GORDA FL 33982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ANTUONO, MICHAEL S 497 AIRPORT RD NO NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 6020 12TH AVE S.W NAPLES, FL 34116 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ANTUONO, LENORA J. 497 AIRPORT RD NO NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 46851 NEAL ROAD PUNTA GORDA FL 33982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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  ANTHONY M. D'ANTUONO (DPT)		Date 4/24/04 (239) 825-7088	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	