


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J91310 1. Entity Name VOLUSIA SCHWINN AUTO SALES, INC.		
Principal Place of Business 2 CYPRESS VIEW TR ORMOND BCH, FL 32174 US		Mailing Address 2 CYPRESS VIEW TR ORMOND BCH, FL 32174 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WESTFALL, RICHARD L 2 CYPRESS VIEW TR ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE	PVD	
NAME	WESTFALL, RICHARD L.	
STREET ADDRESS	2 CYPRESS VIEW TR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	STD	
NAME	WESTFALL, JUDITH	
STREET ADDRESS	2 CYPRESS VIEW TR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: <i>Judith A Westfall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1-10-04</i> Daytime Phone # <i>386 673 3453</i>
JUDITH A WESTFALL		



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2890326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000004537
01/15/04-80016-018 150.00

**DO NOT WRITE
IN THIS SPACE**