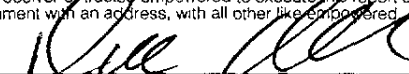


**2005 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # K34743																																		
1. Entity Name AHRENS Z-CAR SPECIALIST, INC.																																		
Principal Place of Business % CRAIG F. HALL 317 N.E. FIRST ST. GAINESVILLE, FL 32601-5310	Mailing Address % CRAIG F. HALL 317 N.E. FIRST ST. GAINESVILLE, FL 32601-5310	 04042005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-2915706</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2915706	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																		
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent HALL, CRAIG F. 317 N.E. FIRST ST. P.O. BOX 2188 GAINESVILLE, FL 32602		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 _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">D</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">AHRENS, DON</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">4631 N.W. 29TH TERRACE</td></tr><tr><td style="padding: 2px;">CITY ST ZIP</td><td style="padding: 2px;">GAINESVILLE, FL</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY ST ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY ST ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY ST ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	D	NAME	AHRENS, DON	STREET ADDRESS	4631 N.W. 29TH TERRACE	CITY ST ZIP	GAINESVILLE, FL	TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP	
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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		Date <u>4/19/05</u> Daytime Phone # _____																																