

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90070 045 \*\*\*150.00

<b>DOCUMENT # K81982</b> 1. Entity Name <b>HUGHIE STIEFEL USED CARS, INC.</b>			
Principal Place of Business <b>C/O HUGHIE STIEFEL 843 E. MYERS BLVD. MASCOTTE, FL 32753</b>		Mailing Address <b>C/O HUGHIE STIEFEL 843 E. MYERS BLVD. MASCOTTE, FL 32753</b>	
2. Principal Place of Business <b>302 S. MAIN ST</b>		3. Mailing Address <b>PO BOX 909</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Bushnell</b>		City & State <b>Bushnell, FL</b>	
Zip <b>33513</b>		Zip <b>33513</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2943482</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STIEFEL, HUGHIE 843 E. MYERS BLVD MASCOTTE, FL 32753</b>		7. Name and Address of New Registered Agent Name <b>302 S. MAIN ST</b> (Not Acceptable) City <b>Bushnell</b> <b>FL</b> Zip Code <b>33513</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>STIEFEL, HUGHIE</b> STREET ADDRESS <b>843 E. MYERS BLVD</b> CITY-ST-ZIP <b>MASCOTTE, FL 34753</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Stiefel Hughie</b> STREET ADDRESS <b>550 SW 95th Ave</b> CITY-ST-ZIP <b>Bushnell, FL 33513</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>STIEFEL, DORIS</b> STREET ADDRESS <b>843 E. MYERS BLVD</b> CITY-ST-ZIP <b>MASCOTTE, FL 34753</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Stiefel Doris</b> STREET ADDRESS <b>550 SW 95th Ave</b> CITY-ST-ZIP <b>Bushnell, FL 33513</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>STIEFEL, MARK</b> STREET ADDRESS <b>843 E. MYERS BLVD.</b> CITY-ST-ZIP <b>MASCOTTE, FL 34753</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>Stiefel Mark</b> STREET ADDRESS <b>550 SW 95th Ave</b> CITY-ST-ZIP <b>Bushnell, FL 33513</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Doris Stiefel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-25-05</u> Daytime Phone # <u>352-793-6005</u>	