
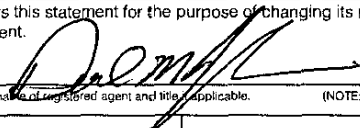
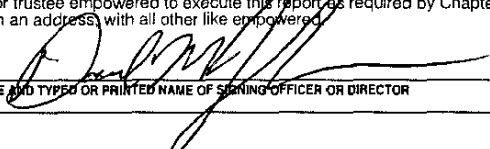


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90045 046 ***150.00

DOCUMENT # K93977 1. Entity Name DELAND AUTO VILLAGE, INC.					
Principal Place of Business 319 S SPRING GARDEN AVENUE DELAND, FL 32720 US			Mailing Address 319 S SPRING GARDEN AVENUE DELAND, FL 32720 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 296 KATRINA ST. Suite, Apt. #, etc. City & State DELEON SPRINGS, FL Zip Country 32130		
4. FEI Number 59-2950983			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, DAVID M 319 S SPRING GARDEN AVENUE DELAND, FL 32720			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 296 KATRINA ST City DELEON SPRINGS FL Zip Code 32130		
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:  DATE: 3/19/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, DAVID 33149 EVERGREEN RD DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	296 KATRINA ST. DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GATTI, JOHN T 41 ROSEDOWN BLVD DEBARY, FL 32713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3118 RED KITE PT ORLANDO, FL 32829
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	
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:  DATE: 3/19/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02132004 Chg-P CR2E034 (10/03)