


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L24701 1. Entity Name BEN SMITH AUTOMOTIVE, INC.			
Principal Place of Business 2250 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086		Mailing Address P.O. BOX 169 ST. AUGUSTINE, FL 32085	
DO NOT WRITE IN THIS SPACE			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2981717	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILSON, BRIAN L 107 HERON'S NEST LANE ST. AUGUSTINE, FL 32080			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, the 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			DO NOT WRITE IN THIS SPACE U000000000162 01/07/04-80009-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, BRIAN L 107 HERON'S NEST LANE ST. AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORGAN, JERRY 3480 RED CLOUD TRAIL ST AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WIESEMANN, JAME M 1308 BRENTWOOD CT. SAINT AUGUSTINE, FL 32086		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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)(f), 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:  Brian L. Wilson			1/5/04 904-797-4567
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>