



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L31443 1. Entity Name ADVANCED AUTO PROTECTION, INCORPORATED		
Principal Place of Business 10320 CONE GROVE RD RIVERVIEW, FL 33569 US	Mailing Address 10320 CONE GROVE RD RIVERVIEW, FL 33569 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WILLIAM, STEVE 10320 CONE GROVE RD RIVERVIEW, FL 33569		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$530.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, STEVE 10320 CONE GROVE RD RIVERVIEW, FL 33569	
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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:  5/1/04 (813) 842-0849 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3017252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/03/04-80165-019 150.00

**DO NOT WRITE
IN THIS SPACE**