

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90128 036 ***150.00

DOCUMENT # L98271

1. Entity Name
TITO'S AUTO SALES, INC.



Principal Place of Business
**6810 NEBRASKA AVE
TAMPA, FL 33604**

Mailing Address
**3355 BEARSS AVE
TAMPA, FL 33618**

24045565



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3025514

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE.
TAMPA, FL 33618**

**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

Walter Sanders
Signature, typed or printed name of registered agent and title if applicable.

Walter Sanders
(NOTE: Registered Agent signature required when reinstating)

4/13/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	AUGUSTINE, SIMON
STREET ADDRESS	15005 LAUREL COVE CIRCLE
CITY-ST-ZIP	ODESSA, FL
TITLE	VS
NAME	AUGUSTINE, CARMEN
STREET ADDRESS	15005 LAUREL COVE CIRCLE
CITY-ST-ZIP	ODESSA, FL
TITLE	D
NAME	AUGUSTINE, ULIK
STREET ADDRESS	15005 LAUREL COVE CIRCLE
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04 *843920-4542*
Date Daytime Phone #