2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # M88308 FILED 1. Entity Name 05 SEP 28 PM 3: 19 DEBARY AUTOMOTIVE & MARINE SALES, INC. SEGNETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 100 HWY 17-92 100 HWY 17-92 DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09022005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2906605 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRACCA, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 100 HWY 17-92 DEBARY, FL 32713 City Zip Code Fi 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change NAME PETRACCA, JUAN C NAME 500060086069 /29/05--01058--024 **I STREET ADDRESS 100 HWY 17-92 STREET ADDRESS ** I50.00 CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 biful other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR D

JUAN C. PEMACEA

DEBARY AUTOMOTIVE & MARINE SALES 100 S. HWY 1792 DEBARY, FL 32713

TO WHOM IT MAY CONCERN

PLEASE WAIVE LATE FEE FOR THE ANNUAL RENEWAL FORM WAS NOT RECEIVED.

THANK YOU, MELANE RUSSO OFC. MNGR

9/9/05

JUAN CPETRACCA

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