

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M95910

FILED
Jan 10, 2005
Secretary of State

Entity Name: INTEGRITY AUTO SALES, INC.

Current Principal Place of Business:

5095 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5095 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2914610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURY, JAMES S.
6084 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COURY, JAMES S
Address: 6084 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: COURY, JAMES R
Address: 51 POMPANO DR
City-St-Zip: PONCE INLET, FL 32127

Title: T () Delete
Name: JOSEFOW, HENRY JR
Address: 3858 S. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH SHORES, FL 32127

Title: S () Delete
Name: MARSH, PALMA
Address: 6043 HICKORY GROVE LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S COURY

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date