


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005178</b>	
<b>1. Entity Name</b> AUTOMOTIVE INDUSTRY EDUCATIONAL TRUST, INC.	

<b>Principal Place of Business</b> 1515 WELLS ROAD ORANGE PARK, FL 32073 US	<b>Mailing Address</b> 1515 WELLS ROAD ORANGE PARK, FL 32073 US
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03312004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-7031715	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GRIFFIN, BARRY W  
1515 WELLS RD  
ORANGE PRK, FL 32073

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**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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000127107 04/23/04-80060-025 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	T
<b>NAME</b>	GRIFFIN, BARRY W
<b>STREET ADDRESS</b>	1515 WELLS RD
<b>CITY-ST-ZIP</b>	ORANGE PRK, FL 32073
<b>TITLE</b>	D
<b>NAME</b>	ALLEN, IRA
<b>STREET ADDRESS</b>	7238 ATLANTIC BLVD
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32211
<b>TITLE</b>	D
<b>NAME</b>	HOLECHEK, JOHN
<b>STREET ADDRESS</b>	1701 PRUDENTIAL DR
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32207
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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)(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 617, 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:** *Barry W Griffin* **TREASURER** **BARRY W GRIFFIN** **4/21/04** **(904) 269-1033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR