

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000001696**

1. Entity Name  
**BRANDON AUTO MALL ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 1993  
LARGO, FL 33779**

Mailing Address  
**POST OFFICE BOX 1993  
LARGO, FL 33779**



04022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3509351**

Applied For  
Not Applicable

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

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

**BARBER, CHARLES F  
1550 SOUTH HIGHLAND AVENUE  
CLEARWATER, FL 33767**

**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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, J O P.O BOX 1993 LARGO, FL 33779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANLEY, MIKE POST OFFICE BOX 850 BRANDON, FL 33509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBER, CHARLES F 1550 SO. HIGHLAND AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000113651  
04/15/04-80017-024 61.25

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. O. Stone**

**4/6/04**

**727-581-3366**

Date

Daytime Phone #