## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P0000018890  1. Entity Name NEW 2 YOU AUTOS, INC.					05-03-2004 90672 020 ***150.00				
Principal Plac	ce of Business								
8779 103RD ST.  JACKSONVILLE, FL 32210  BACKSONVILLE, FL 32210  BACKSONVILLE, FL 32210					I (PD/PTE)	ili 69fili årbril Gulla mulin ma	iim seisi <del>li</del> pel (bis	hi hakkan malisa arasi	(B.B. (2 ) (B.B.)
2. Principal Place of Business / 3. Mailing Address									
8330 1035 St.						II BAIU <del>Ba</del> fu mulis ggill ba			
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				04202004 Chg-P CR2E034 (10/03)				
City & State  JACKSONVILLE, FL  City & State				·	4. FEI Numb				plied For
Zip	Country	Zip	у	59-3627952			8.75 Add	t Applicable	
32	210 USA			· · · · · · · · · · · · · · · · · · ·	<u> </u>	e of Status Desired	<u> </u>	ee Required	
	6. Name and Address of Current	Registered Agent		Name 🔿	7. Name an	d Address of New I	registered Ac	jent	
PRINGLE,	JAMES K SR.		PRINGLE, JAMESK. JR.						
426 CEDAR CREEK ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PALATKA, FL 32177			r		<del></del>	2 - 1 - 1 - 2			
	A Company of the Comp		ŀ	City B	In C		FL	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered	City Greciste	red agent, or be	oth in the State of Fi		miliar with	and accept
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 \$150.00 After May 1, 2004 Fee will be \$530.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	5 OFFICERS AND	DIRECTORS	11.			/CHANGES TO OF	FICERS AND D	DIRECTORS	S IN 11
TITLE	PD .	☐ Delete	TITLE	ာ	'D		<u></u>	D enange	Addition
NAME STREET ADDRESS	PRINGLE, RITA S  426 SEDAR CREEK ROAD  s			ADDRESS マン	1000	, RITA	7,		
CITY-ST-ZIP				it-ZIP 6.0	eer Co	ver Road ve Spri	- L	-, 32	1043 B
TITLE	VD Delete			,			<del>73. //</del>	Change	Addition
NAME STREET ADDRESS	FOWLER, MICHAEL D 350 MANSON LANE								
CITY-ST-ZIP				ADDRESS IT-ZIP					
TITLE	T Delete TITU			177	<del>)                                    </del>	*****		Change	☐ Addition
NAME CHIEF ADDRESS	PRINGLE, JAMES K SR.	NAME			JAMES	L-SR.			
STREET ADDRESS CITY-ST-ZIP				ADDRESS 32	27 RIV	er Road < Springs		2- A(	1>
TITLE	s	☐ Delete	TITLE	-913	en Cov	< DBURGS	,	<u>S ノ の</u> □ Change	#_> Addition
NAME	FOWLER, CYNTHIA D	C Delice	NAME				,		LJ AOUINON
STREET ADDRESS CITY-ST-ZIP	350 MANSON LANE JACKSONVILLE, FL 32220			ADDRESS					]
TITLE	JACKSONVILLE, FL 32220	☐ Delete	CITY-S	1-21					
NAME	l l	T"1 DENGTE	NAME				L	☐ Change	☐ Addition
STREET ADDRESS	:			ADDRESS					
CITY-ST-ZIP	,		CITY-S	T-2iP			<del></del>		
title Name	1	☐ Delete	TITLE NAME				(	Change	☐ Addition
STREET ADDRESS	,			AODRESS					1
CITY-ST-ZIP			CITY-ST						
12. I hereby certify that the information supplied with this filing 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 all other like empowered.									
/ / / James K. PR. NG LE, SR / 1									
SIGNATURE AND SIEPS AT. TREASUREK 4/25/04 904.778-2980									