

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91016 021 \*\*\*150.00

DOCUMENT # P00000028960

1. Entity Name

DRIVEWAY MAGIC, INC.



Principal Place of Business

39076 US HIGHWAY NORTH  
TARPON SPRINGS FL 34689

Mailing Address

39076 US HIGHWAY NORTH  
TARPON SPRINGS FL 34689

2. Principal Place of Business

39968 US Hwy 19 N

3. Mailing Address

39968 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3647330

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANFIELD, STEVEN R  
39076 US HIGHWAY NORTH  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

39968 US Hwy 19 N.

Tarpon Springs

FL

Zip Code

34689

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]*

Signature, typed or printed name of registered agent and date if applicable

DAVID P CAVILL, PRES

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CAVILL, DAVID P  
STREET ADDRESS P.O. BOX 553  
CITY-ST-ZIP OZONA FL 34660

TITLE TD ☐ Delete  
NAME DANFIELD, STEVEN R  
STREET ADDRESS 726 CHARLOTTE AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VPS ☐ Delete  
NAME NARDONE, BRIAN  
STREET ADDRESS 2172 HARBORVIEW DR  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 726 CHARLOTTE AVE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID P CAVILL, PRES

Date

Daytime Phone #

4/23/04 727/934-0039