

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 Mailing Address
~~39076~~ US HIGHWAY NORTH ~~39076~~ US HIGHWAY NORTH
 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689

2. Principal Place of Business 3. Mailing Address
39968 US Hwy 19 N **39968 US Hwy 19 N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State City & State
Tarpon Springs FL **Tarpon Springs FL**
 Zip Country Zip Country
34689 **USA** **34689** **USA**

4. FEI Number Applied For
59-3647330 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.
ADDRESS

SIGNATURE DATE **4/23/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVILL, DAVID P	
STREET ADDRESS	P.O. BOX 553	
CITY-ST-ZIP	OZONA FL 34660	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANFIELD, STEVEN R	
STREET ADDRESS	726 CHARLOTTE AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NARDONE, BRIAN	
STREET ADDRESS	2172 HARBORVIEW DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	720 CHARLOTTE AVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4/23/04** Daytime Phone # **727-934-0039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR