


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000030951	
1. Entity Name GERMAN MOTORS, INC.	

Principal Place of Business 3207 #3 FOREST BLVD. JACKSONVILLE, FL 32246	Mailing Address 3207 #3 FOREST BLVD. JACKSONVILLE, FL 32246
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3638796	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M ESQ 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000121293 04/20/04-80044-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PLAATJE, THOMAS 13845 HOLLOW LOG CT. JACKSONVILLE, FL 32224
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	THOMAS PLAATJE <small>Date</small>	4-18-04 <small>Daytime Phone #</small>	904-631-1055
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