

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000033086		
1. Entity Name ADVANCED AUTOMOTIVE GROUP, INC.		

Principal Place of Business 4323 WOODVILLE HWY. TALLAHASSEE, FL 32311 32305	Mailing Address P.O. BOX 16441 TALLAHASSEE, FL 32317
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

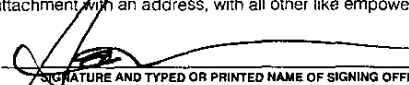
6. Name and Address of Current Registered Agent	
STEPHENS, HANK J 7524 BRADFORDVILLE RD. TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name HANK STEPHENS	
Street Address (P.O. Box Number is Not Acceptable) 4323 Woodville Hwy	
City TALLAHASSEE	FL Zip Code 32305

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 _____	DATE 01/30/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, HANK J P.O. BOX 16441 TALLAHASSEE, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000027917960 01/30/04--01027--003 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	1-604 545-7600 Date _____ Daytime Phone # _____

FILED

04 JAN -6 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3638668	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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