2005 FOR PROFIT CORPORATION

FILED AM

ANNUAL REPORT				Jan 24, 2005 08:00 <i>A</i>			
DOCUMENT # P0000036781					Se	cretary	of State
	CURLEY'S AMÉRICAN AUTO	, INC.					
Principal Plac	ce of Business	Mailing Address	<u>:</u>	1			
10101 PAL PENSACOLA	AFOX HWY A, FL 32434	10101 PALAFOX HWY PENSACOLA, FL 32434					
DO NOT WRITE IN THIS SPA			∩E	01192005 No Chg-P CR2E034 (10/03)			
	JO NOT WHILE	IN THIS SPA	VE.	4. FEI Numb 59-363		1	Applied For Not Applicable
<u> </u> 					e of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent		<u> </u>	<u> </u>		equited
	STEPHEN E			חח	NOT W	DITE	
10101 PALAFOX HWY PENSACOLA, FL 32434			}				
}				IIV	THIS SF	ACE	
8. The above the obligation	e named entity submits this statement for ti	ne purpose of changing its register	ed affice or register	ed agent, or bo	oth, In the State of Fic	orlda. I am familia	r with, and accept
SIGNATURE.	Signature, speed or printed hands of registers over and	title if applicable (NOTE Registere	d Agent signature required	when reinstating)		21-05	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.	ÖFFICERS AND DI	RECTORS					
TITLE NAME	PSD			 -	······································		,
STREET ADDRESS CITY-ST-ZIP	10101 PALAFOX HWY PENSACOLA, FL 32434						
TITLE	VTD VTD	· · · · · · · · · · · · · · · · · · ·			ปนั้นก็การ่า	91982	
NAME STREET ADDRESS	CURLEY, AUDREY L 10101 PALAFOX HWY				0000000 00724705-	-8019 4- 016	150.00
CITY-SY-ZIP	PENSACOLA, FL 32434	·					
TITLE NAME		 ,	-		· = .		•
STREET ADDRESS				DΟ	NOT W	DITE	
CITY-ST- DP							
title Name				IN	THIS SF	ACE	
STREET ADDRESS CITY-ST-ZIP	-						
TITLE		——————————————————————————————————————	<u> </u>				** • • • •
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE				_			

12. I hereby certify that the information supplied with this filling 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: __

STREET ADDRESS CITY-ST-ZIP

UTLL ENGNING DEED A DR DIRECTOR