## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # P00000063500** CASSEL'S AUTO SALES, INC. Principal Place of Business Mailing Address 7200 S. U.S. HWY 1 7200 S. U.S. HWY 1 TITUSVILLE, FL 32980-8104 TITUSVILLE, FL 32980-8104 03132004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3655628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M ESQ. DO NOT WRITE 590 ROYAL PALM BEACH ROYAL PALM BEACH, FL 33411 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000090531 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/17/04-80023-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CASSEL, LARRY G NAME STREET ADDRESS 6610 HOMESTEAD AVE CITY-ST-23P COCOA, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 appowered 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:

TRILE
NAME
STREET ADDRESS
CRY-ST-ZIP

GHATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

321-385-/3/5 Dayting Phone #

**FILED**