## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 14, 2005 08:00 AM Secretary of State DOCUMENT # P00000063500 1. Entity Name 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 03082005 No Chg-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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees U00000283446 <del>33/14/05-80095-010</del> 10. OFFICERS AND DIRECTORS TITLE NAME CASSEL, LARRY G STREET ADDRESS 6610 HOMESTEAD AVE CITY-ST-ZIP COCOA, FL\_32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this ming 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 feelort 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 empoweded.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR