



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000084021 1. Entity Name AUTO WORX OF PINELLAS CO., INC. |  |
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| Principal Place of Business 4101 62ND AVE N PINELLAS PARK, FL 33781 | Mailing Address 4101 62ND AVE N PINELLAS PARK, FL 33781 |
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DO NOT WRITE IN THIS SPACE

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| 06082004 No Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3668764 | Applied For Not Applicable |
| 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 SHIPMAN, DANNY 6724 BONNIE BAY CIRCLE N PINELLAS PARK, FL 33781 | |
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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 _____ DATE _____
Signature's, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

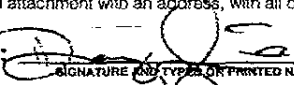
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SHIPMAN, DANNY 6724 BONNIE BAY CIRCLE N PINELLAS PARK, FL 33781 |
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07/22/04-80002-005 150.00

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:  **Danny Shipman** 6/8/04 727 525-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #