


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100756
 1. Entity Name
 AUTO CREDIT NATION, INC.



FILED
Apr 21, 2004 08:00 AM
Secretary of State

Principal Place of Business
 1001 NORTH BAY STREET
 EUSTIS, FL 32726

Mailing Address
 1001 NORTH BAY STREET
 EUSTIS, FL 32726



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3678354

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GIVENS, MARY KAY
 1227 CASTLEPORT ROAD
 WINTER GARDEN, FL 34787

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

UN0000123605
 04/22/04-80011-015 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GIVENS, MARY KAY 1227 CASTLEPORT ROAD WINTER GARDEN, FL 34787 |
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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: *Mary Kay Givens* *Mary Kay Givens* 4-14-04 321-239-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #