


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000101372 1. Entity Name DRIVE AWAY, INC.																													
Principal Place of Business 21962 104TH ST. LIVE OAK FL 32060			Mailing Address PO BOX 2165 LAKE CITY FL 32056																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-3682344																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent STEVENS, MARK 21962 104TH ST. LIVE OAK FL 32060																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 reconstating) DATE _____																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEVENS, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21962 104TH ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LIVE OAK FL 32060</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">U000000025451</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>02/02/04-80106-009 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	STEVENS, MARK		STREET ADDRESS	21962 104TH ST.		CITY - ST - ZIP	LIVE OAK FL 32060		TITLE	U000000025451	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	02/02/04-80106-009 150.00		STREET ADDRESS			CITY - ST - ZIP		
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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 or without other like empowered.																													
SIGNATURE: <i>Mark Stevens</i> MARK STEVENS 1/30/04 616-7141																													