2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P00000101444** 04-28-2005 90161 023 ***158.75 1. Entity Name AUTO NET DOT COM INC. Principal Place of Business Mailing Address 14003128 795 S. YONGE ST. 795 S. YONGE ST. ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . 25 03232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3682597 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNT, ARTHUR-J JR. Street Address (P.O. Box Number is Not Acceptable) 795 S. YONGE ST. ORMOND BEACH, FL 32174 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Defete TITLE Change Addition HUNT, ARTHUR J JR NAME NAME STREET ADDRESS 795 S. YONGE ST. STREET ADDRESS CITY - ST - ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Arthur J. HunT Jr 4-2405 386-6733

FILED