## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # P01000011509  1. Entity Name ROONEY AUTO EQUITIES, INC.						04-05-200	4 90054 014 ***1	50.00	
Principal Place of Business 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		Mailing Address 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		<b>4</b> Y				,	
	***************************************								
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02052004	Chg-P	CR2E034 (10/03)	
City & State		City & State				4. FEI Numb 65-107		<del>  </del>	plied For at Applicable
Zip	Country	Zip	try			of Status Desired	\$8.75 Add	ditional	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
BUINDUDIES LODGOODY ESO				Name Corporation Company of Orlando					
HUMPHRIES, J GREGORY ESQ 300 S ORANGE AVE, STE 1000				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32801			-		300	S. Orar	nge Ave., S	Suite 1000	(JGH)
			City (	Orlando <b>FL</b> Zip Code 32801					
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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tall of applicable. (NOTE: Registered Agent signature required when renstating)  DATE									
						00 May Be ed to Fees			·
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME			TITLE	1				Change	Addition
STREET ADDRESS CITY+ST+ZIP	1000 NORTH FEDERAL HIGHWAY		STRE	ET ADDRESS -ST-ZIP					
TITLE			TITLE					☐ Change	Addition
NAME STREET ADDRESS	·		NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP	DVTS- DAYHOFF, MICHAEL R 1000 NORTH FEDERAL HIGHWA POMPANO BEACH, FL 33062	☐ Delete			D, \	VP, AS,	T, CFO	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete		l l	,•		·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				( Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ET ADDRESS -ST-ZIP	******	4	******************************	☐ Change	Addition
12. I hereby	certify that the information supplied with t	his filing does not qualify for	the exe	mption stated	d in Se	ction 119.07(3)	(i), Florida Statutes.	I further certify that the in	nformation

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

Michael R. DAYHOFF

3/10/04

954-867-1234 Daytime Phone #