


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000022479 1. Entity Name AUTOMOTIVE HEADHUNTERS.COM, INC.	
---	---

Principal Place of Business 1300 THIRD STREET SOUTH, SUITE 301 NAPLES, FL 34102	Mailing Address 1300 THIRD STREET SOUTH, SUITE 301 NAPLES, FL 34102
---	---

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3722440	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

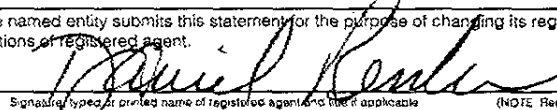
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**RESSLER, DANIEL
1300 THIRD STREET SOUTH, SUITE 301
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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: **5/14/04**

Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

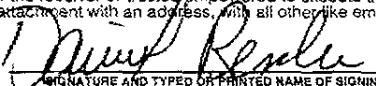
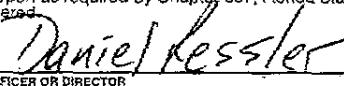
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESSLER, DANIEL 1300 THIRD ST S 301 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000161209
05/21/04-80004-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:   DATE: **5-14-04** DAYTIME PHONE: **239-261-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR