## 2004 FOR PROFIT CORPORATION

## Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000053316** 04-12-2004 90273 036 \*\*\*150.00 1. Entity Name LITTLE RICHIE'S AUTO CENTER, INC. 44020013 Mailing Address Principal Place of Business 2565 S MCCALL RD 2565 S MCCALL RD ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-1104709 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IZZO, JOHN P 180 N. INDIANA AVE. ENGLEWOOD, FL 34223 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITI F ☐ Delete Change WATSON, RICHARD J JR NAME NAME STREET ADDRESS STREET ADDRESS 2565 S MCCALL RD ENGLEWOOD, FL 34224 CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition TITLE BALDWIN, DON NAME NAME STREET ADDRESS STREET ADDRESS 2565 S MCCALL RD ENGLEWOOD, FL 34224 CITY\_ST\_ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7/P

JITI F

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

☐ Change

☐ Addition

FILED