2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

1. Entity Name THE HOT ROD SHOP, INC.							02-02-2004 90044 046 ***1 50.00				
Principal Place of Business Mailing Address 11069 - 60TH AVE. NORTH 11069 - 60TH AVE. NORTH SEMINOLE, FL 33772 SEMINOLE, FL 33772								440	10000	•	
2. Principal Place of Business. 6563 464 Street N. 3. Mailing Address. 6563 464 Street North											
Suite, Apt. # 70	201 /0001		01262004	Chg-P	CR2E0	34 (10/03)					
Pinella		Florida	Pinellas Park				4. FEI Number 59-3729				plied For t Applicable
33781	, <u> </u>	Country		13781	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent 2. Daniel R. Jr.								
BUREK, DANIEL R JR. 11069 - 60TH AVE. NORTH SEMINOLE, FL 33772							PO Box Number is Not Acceptable) 28 22 4 Avenue Novil				
city St. P.							tersburg		FL		7/0
the above named entity submits this statement for the purpose or 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. Typetror printer name of registered agent and title Supplicable. NOTE: Registered Agent signature required when remastating) DATE											
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	Р	OFFICERS AND			11.	1224	1:A121	CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUREK, D 11069 - 60	OANIEL R JR. OTH AVE, NORTH E, FL 33772		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bu 59	rek, Dei 28 224	viel R., J Avenue A	r. Jorth	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT APONE-B 11069 - 60	UREK, PATRICIA M OTH AVE. NORTH E, FL 33772	!	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John 1119	retain '	g, Flurid lershot Terrace 1		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS "CITY-ST-ZIP"			23778		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP			I	□ Defete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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 truytee 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.											
SIGNAT	SIGNATURE: John S. Hendardet 30 JANOY 727/528-0129										