

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90205 014 \*\*\*158.75

<b>DOCUMENT # P01000072717</b> 1. Entity Name <b>DALE'S CAR CONNECTION, INC.</b>																											
Principal Place of Business <b>RT 18 BOX 58 LAKE CITY, FL 32025</b>		Mailing Address <b>RT 18 BOX 58 LAKE CITY, FL 32025</b>																									
2. Principal Place of Business <b>254 S.W. SISTERS</b> Suite, Apt. #, etc. <b>WELCOME RD.</b>		3. Mailing Address <b>254 S.W. SISTERS</b> Suite, Apt. #, etc. <b>WELCOME RD.</b>																									
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Zip <b>32025</b>	Country <b>USA</b>	Zip <b>32025</b>	Country <b>USA</b>																								
6. Name and Address of Current Registered Agent  <b>GOSS, DALE</b> <b>RT 18 BOX 58</b> <b>LAKE CITY, FL 32025</b>		7. Name and Address of New Registered Agent Name <b>GOSS, DALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>254 S.W. SISTERS WELCOME RD.</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32025</b>																									
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) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOSS, DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 13 BOX 331-13</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32055</td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	GOSS, DALE		STREET ADDRESS	RT 13 BOX 331-13		CITY-ST-ZIP	LAKE CITY, FL 32055		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOSS DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>254 S.W. SISTERS WELCOME RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32025</td> <td></td> </tr> </table>		TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOSS DALE		STREET ADDRESS	254 S.W. SISTERS WELCOME RD.		CITY-ST-ZIP	LAKE CITY, FL 32025	
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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.																											
<b>SIGNATURE:</b> <u>DALE GOSS</u>		Date <u>4/23/04</u> Daytime Phone # <u>386-752-3772</u>																									