

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102261



1. Entity Name
N&M AUTO, INC.

Principal Place of Business
113 N. GALENA DR.
CLERMONT, FL 34711

Mailing Address

113 N. GALENA DR.
CLERMONT, FL 34711

2. Principal Place of Business
305 Regency St
Suite, Apt. #, etc.
DAvengt FL
City & State

3. Mailing Address
305 Regency St
Suite, Apt. #, etc.
DAvengt FL
City & State

Zip 33896 Country Polk

Zip 33896 Country Polk

6. Name and Address of Current Registered Agent

BEAL, NORMAN R
113 N. GALENA DR.
CLERMONT, FL 34711

Name Norman R BEAL

Street Address (P.O. Box Number is Not Acceptable)

305 Regency St
DAvengt FL

City

FL Zip Code 33896

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BEAL, NORMAN R
STREET ADDRESS 113 N. GALENA DR.
CITY-ST-ZIP CLERMONT, FL 34711

Delete

TITLE S
NAME BEAL, L. MARIA
STREET ADDRESS 113 N. GALENA DR.
CITY-ST-ZIP CLERMONT, FL 34711

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Norman R BEAL
STREET ADDRESS 305 Regency St
CITY-ST-ZIP DAVENPORT FL

Change Addition

TITLE Sec
NAME BEAL L. MARIA
STREET ADDRESS 305 Regency St
CITY-ST-ZIP DAVENPORT FL

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 963-399-1113
Date Daytime Phone #