

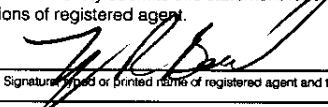
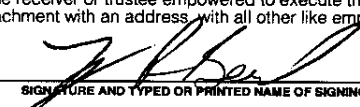


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 018 ***150.00

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. Davenport FL		3. Mailing Address 305 Regency St Suite, Apt. #, etc. Davenport FL			
City & State		City & State		04282004 Chg-P CR2E034 (10/03)	
Zip 33896		Country Po/K		4. FEI Number 59-3751797	
City & State		City & State		Applied For Not Applicable	
Zip 33896		Country Po/K		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAL, NORMAN R 113 N. GALENA DR. CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name: Norman R BEAL Street Address (P.O. Box Number is Not Acceptable): 305 Regency St Davenport FL 33896 City: Davenport 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: 				DATE: 4-29-04	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAL, NORMAN R <input type="checkbox"/> Delete 113 N. GALENA DR. CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAL, L. MARIA <input type="checkbox"/> Delete 113 N. GALENA DR. CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Norman R BEAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 Regency St Davenport FL 33896				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec BEAL, L. MARIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 305 Regency St Davenport FL 33896				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: 4/29/04 Daytime Phone #: 863-399-1113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					