

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 048 ***158.75

DOCUMENT # P01000112765					
1. Entity Name SPIRIT AUTO SALES INC.					
Principal Place of Business 2144 NW 19TH STREET MARGATE, FL 33063			Mailing Address 2144 NW 19TH STREET MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address 902 Lake Shore Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Delray Beach, FL		4. FEI Number 30-0005072	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		03092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent EIGEN, DAVID 902 LAKE SHORE DRIVE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State		
Zip			City		
State			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
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-STATE-ZIP	DPS <input type="checkbox"/> Delete EIGEN, DAVID G 902 LAKE SHORE DRIVE DELRAY BEACH, FL 33444				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-STATE-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: David Eigen 3/9/04 561-274-3505					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					