2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114693

Entity Name
 A & G AUTO SALES CORP.



Principal Place of Business Mailing Address

1720 SEEDS AVE. SARASOTA, FL 34234 1720 SEEDS AVE. SARASOTA, FL 34234

FILED Mar 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-1158541 Not Applied

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

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TOROK, GABOR 1720 SEEDS AVE SARASOTA, FL 34233

6. Name and Address of Current Registered Agent

ARASOTA, FL 34233 IN THIS SPACE

		l			
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 Agen	signatura	required when remstering)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	□	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
THILE NAME STREET ADDRESS CHY-ST-ZIP	P TOROK, GABOR 1720 SEEDS AVE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ame Treet adoress				U00000092401 03/19/04-80006-022 150.00
THE					

DO NOT WRITE

IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 807, 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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-53-7/P

NAME STREET ADDRESS CHY-ST-ZIP THEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110101

Davame Phone #