


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90012 004 \*\*\*150.00

<b>DOCUMENT # P01000115657</b>	
1. Entity Name <b>AUTOMOTIVE SERVICE AND PERFORMANCE, INC.</b>	

Principal Place of Business <b>770 SW CAPITAL CIR P.O. BOX 398 TALLAHASSEE, FL 32305</b>	Mailing Address <b>PO BOX 398 EASTPOINT, FL 32328</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>170 Capital Circle, SW</b>		Suite, Apt. #, etc. <b>P.O. Box 235</b>	
City & State <b>Tallahassee FL</b>		City & State <b>Crawfordville, FL</b>	
Zip <b>32305</b>	Country <b>Leon</b>	Zip <b>32326</b>	Country <b>Wakulla</b>

03092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>30-0016876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent	
<b>EDWARDS, TAMMY L 795 HWY 98 W EASTPOINT, FL 32328</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>709 Old Plank Road</b>	
City <b>Crawfordville</b>	Zip Code <b>FL 32327</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 *Tammy L Edwards* DATE **03-10-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CASTLE, SHAWN C 10424 MERRIBROOK LANE TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CASTLE, STACEY J 10424 MERRIBROOK LANE TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EDWARDS, BOBBY G P.O. BOX 398 EASTPOINT, FL 32328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>p.o. Box 235 Crawfordville, FL 32326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EDWARDS, TAMMY L P.O. BOX 398 EASTPOINT, FL 32328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>p.o. Box 235 Crawfordville, FL 32326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *Tammy L Edwards* *Tammy L Edwards* **03-10-04** **567-3035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #