

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90055 009 \*\*\*158.75

**DOCUMENT # P01000115950**

1. Entity Name  
**E & M USED CAR SALES, INC.**



Principal Place of Business  
**104 HIGHWAY 98 WEST  
EASTPOINT, FL 32328**

Mailing Address  
**POST OFFICE BOX 398  
EASTPOINT, FL 32328**

2. Principal Place of Business  
**3613 Woodville Highway**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 235**  
Suite, Apt. #, etc.

City & State  
**Tallahassee, Florida**

City & State  
**Crawfordville, Florida**

Zip  
**32305**

Country  
**Leon**

Zip  
**32326**

Country  
**Wakulla**



02272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**30-0016865**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, TAMMY L.**  
**795 HWY 98 WEST**  
**P.O. BOX 390**  
**EASTPOINT, FL 32328**

7. Name and Address of New Registered Agent

Name  
**Tammy L. Edwards**

Street Address (P.O. Box Number is Not Acceptable)  
**709 Old Plank Road**

City  
**Crawfordville, Florida**

FL Zip Code  
**32327**

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, Tammy L. Edwards* **02/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>EDWARDS, BOBBY G</b>	
STREET ADDRESS <b>POST OFFICE BOX 398</b>	
CITY-ST-ZIP <b>EASTPOINT, FL 32328</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Andrew B. Low</b>	
STREET ADDRESS <b>P. O. Box 304</b>	
CITY-ST-ZIP <b>St. Marks, FL 32355</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Andrew B. Low* **02/27/04** **216-2852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #