2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000121941

1. Entity Name
AMERICAN MOTOR SALES, INC.

Principal Place of Business	Mailing Address
1786 CARILLON PARK DRIVE OVIEDO, FL 32765	1786 CARILLON PARK DRIVE OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

04/2/2005 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0021638

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CODE, KEVIN M
1786 CARILLON PARK DRIVE
OVIEDO, FL 32765

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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 _____ 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CODE, KEVIN M
STREET ADDRESS	1786 CARILLON PARK DR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	V
NAME	GAUNT, MARILOUISE
STREET ADDRESS	800 NORTHERN WAY #1702
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80090-002 150.00

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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: Kevin M Code President 4 28 05 407 3595418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #