2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2004 08:00 AM

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| ANNOAL ILL ON | | | | - | - Sec | retary | of State |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|------------------------------------|-------------------|---------------------|---------------------------------------------|
| 1. Entity Nam | MENT # P020000111 ed auto by k.g., inc. | 120 | | | | or cear y | of State |
| 5610-33RD | e of Business STREET EAST I, FL 34203 | Mailing Address 5610-33RD STREET EAST BRADENTON, FL 34203 | , | | | | |
| E | OO NOT WRITE | | CE | 01162004 4. FEI Numbe 01-059 | | CR2E034 (| ,, , , , , , , , , , , , , , , , |
| 6. Name and Address of Current Registered Agent HARRISON, THOMAS W 1206 MANATEE AVENUE WEST BRADENTON, FL 34205 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | |
| 10. TITLE NAME STREET ADDRESS CITY- ST- ZIP | OFFICERS AND DI D GEARTZ, KENT W 5610-33RD STREET EAST BRADENTON, FL 34203 | RECTORS | | | U0000 02/16/04 | 0052882 -80109-0 | 11 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEARTZ, KATHIE J 5610-33RD STREET EAST BRADENTON, FL 34203 | | | | | | : |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | D GEARTZ, KASEY 5610-33RD STREET EAST BRADENTON, FL 34203 | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ļ | IN 7 | THIS SF | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | | | |
| TITLE 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 trusted empewered 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 pliner like empowered.

FICER OR DIRECTOR

SIGNATURE: X