

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90470 001 *****8.75
 05-03-2004 90470 002 ***150.00

DOCUMENT # P02000021309
 1. Entity Name
 DOWN THE ROAD MOTORS, INC.



Principal Place of Business Mailing Address
 7342 E. HWY 50 SUITE 15 CLERMONT, FL 34712 US
 7505 C.R. 561 CLERMONT, FL 34711 US

66417674



2. Principal Place of Business 3. Mailing Address
 7432 E. HWY 50
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 15

04162004 Chg-P CR2E034 (10/03)

City & State City & State
 Groveland, FL
 Zip Country Zip Country
 34736 U.S.A

4. FEI Number Applied For
 02-0557148 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent:
 EATON, JEFF
 7505 COUNTY RD. 561
 CLERMONT, FL 34711
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *Jeff Eaton* DATE: 4/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE O NAME EATON, JEFF STREET ADDRESS 7505 C.R. 561 CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME EATON, KAREN STREET ADDRESS 7505 C.R. 561 CITY-ST-ZIP CLERMONT, FL 34711	<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
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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: *Jeff Eaton* DATE: 4/11/04 DAYTIME PHONE #: 407-948-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #