

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028011

Entity Name: PLEWIS AUTOMOTIVE, INC

FILED  
Apr 08, 2005  
Secretary of State

**Current Principal Place of Business:**

11602 N DALE MABRY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11602 N. DALE MABRY  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 90-0053263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS,, PETER H  
2662 MCMULLEN BOOTH RD  
414  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

LEWIS,, PETER H  
11605 Highbury Way  
TAMPA, FL 33626 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/08/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, PETER H  
Address: 2662 MCMULLEN BOOTH RD 474  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEWIS, PETER H  
Address: 11605 Highbury Way  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER H. LEWIS

Electronic Signature of Signing Officer or Director

PRES

04/08/2005

Date