


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000064608</b>	
<b>1. Entity Name</b> AUTOFOGG, INC.	

<b>Principal Place of Business</b> 123355 SUNOWA SPRING TRAIL BRYCEVILLE, FL 32009	<b>Mailing Address</b> 123355 SUNOWA SPRING TRAIL BRYCEVILLE, FL 32009
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 01-0726217	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  PIPPIN, WILLIAM M JR 12355 SUNOWA SPRINGS TRL BRYCEVILLE, FL 32009	DO NOT WRITE IN THIS SPACE
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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:** William M. Pippin Jr. William M. Pippin Jr. V.P./Treasurer 2-26-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000082163</b> <b>03/09/04-80018-017 150.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> HILDRETH, JAMES R 2620 GAILLARDIA ROAD JACKSONVILLE, FL 32211
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> PIPPIN, WILLIAM M JR. 123355 SUNOWA SPRING TRAIL BRYCEVILLE, FL 32009
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DO NOT WRITE IN THIS SPACE
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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:** William M. Pippin Jr. William M. Pippin Jr. 2-26-04 (904) 879-3386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #