


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90257 018 ***150.00

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| DOCUMENT # P02000064608 |  |
| 1. Entity Name AUTOFOGG, INC. | |

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| Principal Place of Business 123355 SUNOWA SPRING TRAIL BRYCEVILLE FL 32009 | Mailing Address 123355 SUNOWA SPRING TRAIL BRYCEVILLE FL 32009 |
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| 2. Principal Place of Business 511 WEST 66th ST. | 3. Mailing Address 511 WEST 66th ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL |
| Zip 32208 | Country USA |



1st MOORE CR2E034 (10/04)

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|---|--|
| 6. Name and Address of Current Registered Agent PIPPIN, WILLIAM M JR 12355 SUNOWA SPRINGS TRL BRYCEVILLE FL 32009 | |
| 7. Name and Address of New Registered Agent Name William M. PIPPIN Jr Street Address (P.O. Box Number is Not Acceptable) 511 WEST 66th ST. City JACKSONVILLE FL Zip Code 32208 | |

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 S/T** **2/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILDRETH, JAMES R 2620 GAILLARDIA ROAD JACKSONVILLE FL 32211 <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 | D PIPPIN, WILLIAM M JR. 123355 SUNOWA SPRING TRAIL BRYCEVILLE FL 32009 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T William M Pippin Jr 511 WEST 66th ST. JACKSONVILLE, FL 32208 <input checked="" 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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| 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 |

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 S/T** **2-1-05** **378-0579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #