

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072734

FILED
Apr 26, 2004
Secretary of State

Entity Name: SCOTT-WARNER AUTO CLINIC, INC.

Current Principal Place of Business:

5353 SW COLLEGE RD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

5353 SW COLLEGE RD
OCALA, FL 34474

New Mailing Address:

FEI Number: 52-2368163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMET, J RANDALL
5353 SW COLLEGE RD
OCALA, FL 34474

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARNER, GARY L
Address: 8460 SW 101 PL RD
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: WARNER, JOYCE E
Address: 8460 SW 101 PL RD
City-St-Zip: OCALA, FL 34481

Title: D (X) Delete
Name: SCOTT, RANDOLPH
Address: 1421 SW 27 AVE
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: SHAH, FAZIA
Address: 1421 SW 27 AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARNER, GARY L
Address: 8460 SW 101 PL RD
City-St-Zip: OCALA, FL 34481

Title: ST (X) Change () Addition
Name: WARNER, JOYCE E
Address: 8460 SW 101 PL RD
City-St-Zip: OCALA, FL 34481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOYCE E. WARNER

ST

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date