


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000076431
 1. Entity Name
EDDIE ACCARDI MOTOR COMPANY



Principal Place of Business
**4262-4316 W US HIGHWAY 90
 LAKE CITY, FL 32055**

Mailing Address
**855 S. FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4204267

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ACCARDI, EDMUND
 855 S. FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062**

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACCARDI, EDMUND
STREET ADDRESS	855 S. FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	S/T
NAME	ACCARDI, JOSEPH T
STREET ADDRESS	855 S. FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	BUCKHOLZ, RONALD
STREET ADDRESS	4316 W. US HWY 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Edmund Accardi DATE 1/15/04 DAYTIME PHONE # 904-941-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR