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Aug 09, 2004 8:00 am
Secretary of State
08-09-2004 90001 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54067347

04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000077083

1. Entity Name
BRISTOL BAY AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
4403 7TH SRTEET EAST #5 ELLENTON, FL 34222	4403 7TH SRTEET EAST #5 ELLENTON, FL 34222

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 74-3055241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEINSON, JAMES L
4403 7TH SRTEET EAST #5
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HEINSOHN, JAMES L 4403 7TH SRTEET EAST #5 ELLENTON, FL 34222	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: James L. Heinsohn James L. Heinsohn 8/4/2004 941 720-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54067347
To whom it may concern, PO20000 77083

Please be advised, that I originally filed on time. The Form was postmarked 4/30. I have no record of a check that was mailed with it. I'm sending a check for the 150.00 filing fee. This should clear up this matter.
P.S. I'm sending an updated form along with it.

Thanks

James L. Heinsohn