


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000077433
 1. Entity Name
AUTOCRAFT DIRECT, INC.



Principal Place of Business
**2375 ST. JOHNS BLUFF RD S.
 SUITE-105
 JACKSONVILLE, FL 32246**

Mailing Address
**2375 ST. JOHNS BLUFF RD S.
 SUITE-105
 JACKSONVILLE, FL 32246**

DO NOT WRITE IN THIS SPACE



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1638750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOILANEN, THOMAS
 1258 ST. JOHNS BLUFF RD
 JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE

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

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SZLEGR, ALEX 2067 FOREST GATE DR E JACKSONVILLE, FL 32246
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: X  **Alex Szlegr** **x4-30-04 904-338-9606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #