2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102967

Name:

Address:

City-St-Zip:

FILED Jan 04, 2005 Secretary of State

Entity Nai	me: O'CONNC	PR AUTOMOTIVE, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	REDMAN PKW' TY, FL 33567	'						
Current Mailing Address:				New Mailing Address:				
	REDMAN PKW [*] TY, FL 33567	'						
FEI Number: 05-0532606 FEI Number Applied For () FEI N			FEI Nur	umber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
3213 PINE	R, WILLIAM P CLUB DRIVE TY, FL 33566	US						
	named entity s of Florida.	ubmits this statement for the	purpose o	of changing i	ts registere	ed office or r	egistered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
Election Car	npaign Financing	Trust Fund Contribution ().						
OFFICER	S AND DIRECT	ORS:		ADDITION	S/CHANG	ES TO OFF	ICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PST () O'CONNOR, WII POST OFFICE E PLANT CITY, FL	3OX 5273		Title: Name: Address: City-St-Zip:	POST OFF	(X) Change R, WILLIAM P ICE BOX 5273 Y, FL 33563		
Title: Name: Address: City-St-Zip:	V () FULKS, ROBER 2102 E. SANDA PLANT CITY, FL	LWOOD		Title: Name: Address: City-St-Zip:	V FULKS, RO P O BOX 4 PLANT CIT		() Addition	
Title: Name: Address: City-St-Zip:	V () CHARBER, COL 3801 SAND PIP SAFETY HARBO	ER LANE		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title:	()	Delete		Title:	Т	() Change	(X) Addition	

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.

Name:

Address:

City-St-Zip:

O'CONNOR, DEBORAH O

3213 PINE CLUB DR

PLANT CITY, FL 33566

SIGNATURE: WILLIAM P O'CONNOR PS 01/04/2005