

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115952

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** TAMPA BAY AUTO REMARKETING SERVICES INC.

**Current Principal Place of Business:**

6909 SHELDON ROAD  
TAMPA, FL 33615 US

**New Principal Place of Business:**

7211 N. DALE MABRY  
211  
TAMPA, FL 33614 US

**Current Mailing Address:**

6110 NATIVE WOODS DR  
TAMPA, FL 33625 US

**New Mailing Address:**

7211 N.DALE MABRY  
211  
TAMPA, FL 33614 US

**FEI Number:** 06-1655103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIMMER, RICHARD F  
12157 W. LINEBAUGH AVE  
#306  
TAMPA, FL 33626 US

**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: P ( ) Delete  
Name: TORRES, GUERRYSON  
Address: 6110 NATIVE WOODS DR  
City-St-Zip: TAMPA, FL 33625 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** GUERRYSON TORRES

PRES

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date