


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90021 022 \*\*\*150.00

<b>DOCUMENT # P02000128795</b> 1. Entity Name <b>K &amp; M TRUCK &amp; AUTO SALES, INC.</b>																													
Principal Place of Business <b>1421 GRIFFIN ROAD LEESBURG, FL 34748</b>			Mailing Address <b>1421 GRIFFIN ROAD LEESBURG, FL 34748</b>																										
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State 		City & State 		4. FEI Number <b>11-3667711</b>																									
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GOODRIDGE, WAYNE 2207 KEVKA AVENUE LEESBURG, FL 34748</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: <i>Wayne Goodridge</i> <span style="float: right;"><i>1-19-04</i></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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: <i>Tammy Wyloupek</i> <span style="float: right;"><i>01-19-04</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													