

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2005 8:00 am  
Secretary of State**

05-02-2005 90534 050 \*\*\*150.00

DOCUMENT # P03000016263



1. Entity Name  
AUTOPLEX, INC.

Principal Place of Business  
18400 US 19 N  
CLEARWATER, FL 33764

Mailing Address

18400 US 19 N  
CLEARWATER, FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

50046201

City & State

City & State

4. FEI Number  
41-2079712

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CALDERON, MARCO A  
18400 US 19 N  
CLEARWATER, FL 33764

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CALDERON, MARCO A  
STREET ADDRESS 18400 US 19 N  
CITY-ST-ZIP CLEARWATER, FL 33764

Delete

TITLE S  
NAME MILLS, DONALD N JR  
STREET ADDRESS 18400 US 19 N  
CITY-ST-ZIP CLEARWATER, FL 33764

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 a title like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

929-05 127422-0450