2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90040 035 ***150.00

DOCUMENT # P03000033202

1. Entity Name
AUTOEXCEL FLORIDA, INC.

50013666

Principal Place of Business	Mailing Address
2825 ST. JOHNS BLUFF RD SOUTH C/O JAX STORAGE MALL UNIT F105 JACKSONVILLE, FL 32246	P O BOX 1914 KENNESAW, GA 30156

02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
393 Stonehaven Ct E		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange Park FL		City & State	
Zip: 32065	Country: USA	Zip	Country

4. FEI Number 51-0450018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, JOHN J
3424 SOUTHSIDE BLVD
UNIT 8025
JACKSONVILLE, FL 32216
(Address only)

7. Name and Address of New Registered Agent

Name: Kostro, John J.
Street Address (P.O. Box Number is Not Acceptable): 393 Stonehaven Ct. E
City: Orange Park FL Zip Code: 32065

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 (same) John J. Kostro, President 2-08-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOSTRO, JOHN J		NAME		
STREET ADDRESS	3854 PRINCETON OAKS		STREET ADDRESS		
CITY-ST-ZIP	KENNESAW, GA 30144		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	LITTLER, JESSE K	(Address only)	NAME	Littler, Jesse K	
STREET ADDRESS	1550 TERRELL MILL RD, APT. C		STREET ADDRESS	2025 Maple Ridge Dr.	
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP	Acworth GA 30101	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] John J. Kostro 2-8-05 770-424-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #