

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90409 048 \*\*\*150.00

<b>DOCUMENT # P03000038738</b>					
<b>1. Entity Name</b> <b>DEALER LOT MANAGEMENT INC.</b>					
<b>Principal Place of Business</b> 1112 NOVA RD. ORMOND BEACH, FL 32174			<b>Mailing Address</b> 1112 NOVA RD. ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business</b> 699 MASON AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 539 N. OLEANDER AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> DAYTONA BEACH, FL Zip 32117 Country USA		<b>City &amp; State</b> DAYTONA BEACH FL Zip 32118 Country USA		<b>4. FEI Number</b> 75-3109887 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04282004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> BRETZEL, MICHAEL R 1112 NOVA RD. ORMOND BEACH, FL 32174			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 539 N. OLEANDER AVENUE City DAYTONA BEACH FL Zip Code 32118		
<b>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.</b> SIGNATURE  MICHAEL R. BRETZEL 4/28/2004 <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</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETZEL, MICHAEL R 1112 NOVA RD. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 539 N. OLEANDER AVENUE DAYTONA BEACH FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRETZEL, MICHAEL R 1112 NOVA RD. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 539 N. OLEANDER AVENUE DAYTONA BEACH FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> MICHAEL R. BRETZEL 4/28/2004 386-253-3744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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