2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/5/

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-05-2004 90058 044 ***150.00

DOCUMENT # P03000057767

1. Entity Name
MAVERICK AUTOMOTIVE INC.

66413930

Principal Place of Business	Mailing Address
4211 N ORANGE BLOSSOM TRAIL UNIT A-1 ORLANDO, FL 32804	4211 N ORANGE BLOSSOM TRAIL UNIT A-1 ORLANDO, FL 32804

02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4211 N ORANGE BLOSSOM TR	4211 N ORANGE BLOSSOM TR
Suite, Apt. #, etc.: UNIT A-3	Suite, Apt. #, etc.: UNIT A-3
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32804 Country: ORANGE	Zip: 32804 Country: ORANGE

4. FEI Number: 38-3681628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRIEN, BRENDA L 5425 RUNDLE RD ORLANDO, FL 32810	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: Brenda L O'Brien BRENDA L O'BRIEN 3/15/04
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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP O'BRIEN, PAUL K JR 5425 RUNDLE RD ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV O'BRIEN, BRENDA L 5425 RUNDLE RD ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 all other like empowered.

SIGNATURE: Brenda L O'Brien 3/15/04 407-296-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #