


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-29-2004 90234 017 ***150.00
P03000064360

DOCUMENT # P03000064360 1. Entity Name S&S ANTIQUE CAR SHOWS INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 04 JUN -1 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 4017 SAWYER CT SARASOTA FL 34233-1216		Mailing Address 4017 SAWYER CT SARASOTA FL 34233-1216			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 32-0080261	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUMMERLIN, DON 4017 SAWYER CT SARASOTA FL 34233-1216				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME SUMMERLIN, DON		TITLE NAME		
STREET ADDRESS 4017 SAWYER CT			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP SARASOTA FL 34233-1216			CITY-ST-ZIP		
TITLE VS	NAME SANDERS, RICK		TITLE NAME		
STREET ADDRESS 1310 BAY RD			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP SARASOTA FL 34239			CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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: <i>Donald N Summerlin</i> Donald Summerlin 4/27/04 941-924-2604 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					