2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90003 045 ***150.00

54068706

MOORE CR2E034 (11/03)

DOCUMENT # P03000065675

1. Entity Name
REVELS AUTO SUPPLY, INC.

Principal Place of Business	Mailing Address
ROUTE 2, BOX 1910 MAYO FL 32066	POST OFFICE BOX 246 MAYO FL 32066
2. Principal Place of Business: 718 East MAin Street	3. Mailing Address: POB 246
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAyo Florida	City & State: Mayo FL
Zip: 32066 Country: USA	Zip: 32066 Country: USA

4. FEI Number: 51-0497003 ☐ 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
REVELS, DEAN ROUTE 2, BOX 1910 MAYO FL 32066	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named ent[illegible] 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 [illegible] agent.

SIGNATURE [signature] SIGN HERE 8-13-04
S[illegible] name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FIL[illegible] EE IS $150.00 After [illegible] Fee will be $550.00 Make Check [illegible] Florida Department of State

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: D NAME: Revels DEAN STREET ADDRESS: ~~ROUTE 2, BOX 1910~~ CITY-ST-ZIP: ~~MAYO FL 32066~~	☐ Delete	TITLE: OWNer NAME: Revels, James Dean STREET ADDRESS: 718 East MAiN Street CITY-ST-ZIP: MAyo. FL 32066	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: [signature] James D Revels 4-27-04 386-294-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

52068706

#P03000065675

To whom it may Concern

I'm writing you to explain why this was not filed on time. I have had help problems through out this year, and this report was filled incorrectly, the first time. I have just found it on 8-13 and called Mrs Marketta to get help. Please excuse me and WAIVE the Late fee. Thank you for your help and understanding

Jessica D Rem