

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

04-19-2004 90405 028 ***150.00

DOCUMENT # P03000073726					
1. Entity Name ELITE AUTO SALES AND RECREATION, INC.					
Principal Place of Business 2484 INTERNATIONAL SPEEDWAY EAST DELAND, FL 32720			Mailing Address 2484 INTERNATIONAL SPEEDWAY EAST DELAND, FL 32720		
2. Principal Place of Business 2484 E. International Spwy Suite, Apt. #, etc.		3. Mailing Address 2484 E. Int'l Spwy Suite, Apt. #, etc.			
City & State Deland, FL		City & State Deland, FL		4. FEL Number 050592469	
Zip 32724		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMPSEY, DONALD B JR 2484 INTERNATIONAL SPEEDWAY EAST DELAND, FL 32720			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 reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 PD NAME TIBBY, PHYLLIS STREET ADDRESS 2007 HONTOON ROAD CITY-ST-ZIP DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME TIBBY, JENNIFER STREET ADDRESS 2484 INTERNATIONAL SPEEDWAY EAST CITY-ST-ZIP DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/27/04 Daytime Phone #: 386-831-0140					

Attachment 66431208
Doc. # P03000073 726

To whom this may
Concern:

I Received An ^{AS} Intent to
Dissolve^{III} notice. On April
17th I sent IN my renewal
form & 150.00 then 1 mth
later I sent IN an
additional ~~extra~~ fee (35.00)
for adding an officer.

I called IN TO Division of
Corp & I was told that
the FEIN was ~~not~~ entered
on the renewal form.

I am Resending A New renewal
form IN hopes it will not be
charged any add. fees.

(I never Received any notices
Regarding this error other than
the INTENT to dissolve)

My CONTACT is : 386-931-0140 JENNIFER