

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90004 013 \*\*\*558.75

**DOCUMENT # P03000073861**  
 1. Entity Name  
**POP'S AUTO CENTER INC.**



Principal Place of Business      Mailing Address  
**2810 NW 7 AVE**      **2810 NW 7 AVE**  
**POMPANO BEACH, FL 33064**      **POMPANO BEACH, FL 33064**

**54070438**



2. Principal Place of Business      3. Mailing Address  
**2810 NE 7 AVE**      **2810 NE 7 AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03132003      Chg-P      CR2E034 (10/03)

City & State      City & State  
**POMPANO BEACH-FL**      **POMPANO BEACH-FL**  
 Zip      Country      Zip      Country  
**33064**      **U.S.A**      **33064**      **U.S.A**

4. FEI Number      Applied For  
**65-0808837**      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	
CLAYTOR, JOHN 2810 NW 7 AVE POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**      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	P HOFFMAN, HENRY 2080 NW 54 ST POMPANO BEACH, FL 33064 <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
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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

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: \_\_\_\_\_      Date: **08-16-04**      Daytime Phone # \_\_\_\_\_



Attachment  
54070438

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 18, 2004

POP'S AUTO CENTER INC.  
2810 NW 7 AVE  
POMPANO BEACH, FL 33064

SUBJECT: POP'S AUTO CENTER INC.  
Ref. Number: P03000073861

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

An officer or director must sign the report.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

If you have any questions concerning the filing of your document, please call (850)-245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 404A00034854