

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90146 022 ***150.00

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DOCUMENT # P03000083223 1. Entity Name TALLAHASSEE AUTO WORLD I, INC.					
Principal Place of Business 1809 MICCOSUKEE COMMONS DR #108 TALLAHASSEE, FL 32308			Mailing Address 1809 MICCOSUKEE COMMONS DR #108 TALLAHASSEE, FL 32308		
2. Principal Place of Business 2525 West Tennessee Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2525 West Tennessee Street <small>Suite, Apt. #, etc.</small>			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 90-0101927	
Zip 32304		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLVER, RICHARD A 1809 MICCOSUKEE COMMONS DR #108 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Richard A. Glover Street Address (P.O. Box Number is Not Acceptable) 1809 Miccosukee Commons Drive Suite #108 City Tallahassee, FL Zip Code 32308			
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 <small>(Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NORWOOD, BILLY R 1809 MICCOSUKEE COMMONS DR #108 TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norwood, Billy R. 3651 Lakeview Drive Tallahassee, FL 32304		
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		
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		
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: Billy R. Norwood 4-30-05 850-339-9868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					