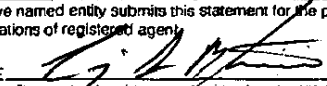
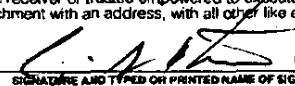


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90749 010 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000128804		
1. Entity Name BERNTSEN AUTOMOTIVE, INC.		
Principal Place of Business 4605 MAIN ST STE 1001 SARASOTA, FL 34236		Mailing Address 4605 MAIN ST STE 1001 SARASOTA, FL 34236
2. Principal Place of Business 2371 S. Tamiami Suite, Apt. #, etc.		3. Mailing Address 2371 S. Tamiami Suite, Apt. #, etc.
City & State Venice, Florida		City & State Venice, FL
Zip 34293		Country Sarasota
4. FEI Number 11-3707383		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A 1605 MAIN ST STE 1001 SARASOTA, FL 34236		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  Craig S. Berntsen President 4/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE		
FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00		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	D BERNTSEN, CRAIG S 2371 S TAMAMI TR1001 VENICE, FL 34293 ☐ 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
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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 118.07(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:  Craig S. Berntsen Pres 4-27-04 941-493-8887 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		