## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000150098

Title:

Name: Address:

City-St-Zip:

**Entity Name:** SALAMONE AUTO CENTER, INC.

FILED Apr 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2708 S.E. 15TH STREET 1723 NE 23RD TERRACE OCALA, FL 34471 OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** 2708 S.E. 15TH STREET 1919 NE JACKSONVILLE RD OCALA, FL 34471 OCALA, FL 34470 **FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALAMONE, JOHN NICHOLAS 1723 N.E. 23RD TERRACE OCALA, FL 34470 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition WILDING, THOMAS RICHARD Name: Name: 4411 N.E. 3RD STREET Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: SD Title: () Change () Addition () Delete Name: MAY, ROBERT CECIL Name: 4535 S.E. 13TH STREET Address: Address: OCALA, FL 34471 City-St-Zip: City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: Title: VPD VPD SALAMONE, JEFFREY SCOTT SALAMONE, JEFFREY SCOTT Name: Name: 2935 S.E. 11TH STREET 4410 NE 3RD STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY S. SALAMONE **VPD** 04/20/2004

() Delete

SALAMONE, JOHN NICHOLAS

2708 S.E. 15TH STREET

OCALA, FL 34471

() Change () Addition