

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150098

FILED
Jan 05, 2005
Secretary of State

Entity Name: SALAMONE AUTO CENTER, INC.

Current Principal Place of Business:

1723 NE 23RD TERRACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1919 NE JACKSONVILLE RD
103
OCALA, FL 34470

New Mailing Address:

2708 S.E. 15TH STREET
OCALA, FL 34471

FEI Number: 59-3582832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAMONE, JOHN NICHOLAS
1723 N.E. 23RD TERRACE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SALAMONE, JOHN NICHOLAS
2708 S.E. 15TH STREET
OCALA, FL 34471 US

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:

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILDING, THOMAS RICHARD
Address: 4411 N.E. 3RD STREET
City-St-Zip: OCALA, FL 34470

Title: SD (X) Delete
Name: MAY, ROBERT CECIL
Address: 4535 S.E. 13TH STREET
City-St-Zip: OCALA, FL 34471

Title: VPD (X) Delete
Name: SALAMONE, JEFFREY SCOTT
Address: 4410 NE 3RD STREET
City-St-Zip: OCALA, FL 34470

Title: TD (X) Delete
Name: SALAMONE, JOHN NICHOLAS
Address: 2708 S.E. 15TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALAMONE, JOHN N
Address: 2708 S.E. 15TH STREET
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOHN NICHOLAS SALAMONE

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date