


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 007 ***158.75

DOCUMENT # P03000154938											
1. Entity Name BRC'S AUTOS, INC.											
Principal Place of Business 1828 N WASHINGTON BLVD SARASOTA, FL 34234			Mailing Address 1828 N WASHINGTON BLVD SARASOTA, FL 34234								
2. Principal Place of Business 1828 N. Washington Blvd		3. Mailing Address 1828 N. Washington Blvd									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Sarasota, Florida		City & State Sarasota, Florida									
Zip 34234	Country Sarasota	Zip 34234	Country Sarasota								
6. Name and Address of Current Registered Agent TOMPKINS, HELEN 1828 N WASHINGTON BLVD SARASOTA, FL 34234			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FL</td> <td style="width: 50%;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FL</td> <td style="width: 50%;">Zip Code</td> </tr> </table>	FL	Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME TOMPKINS, HELEN STREET ADDRESS 1828 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE D NAME Thomas H. Tompkins STREET ADDRESS 1828 N. Washington Blvd. CITY-ST-ZIP Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
TITLE D NAME TOMPKINS, RONALD STREET ADDRESS 1828 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34234	<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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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: <u>Heleen E. Tompkins</u>			4/15/04 <u>366-6345</u>								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>								