## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2005 8:00 am **DOCUMENT # P04000005380** Secretary of State 04-12-2005 90145 002 \*\*\*150.00 FOUR D AUTO SALES INC. Principal Place of Business Mailing Address 9055 SW HWY 200 OCALA FL 34481 9055 SW HWY 200 OCALA FL 34481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0555180 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILTON, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 9055 SW HWY 200 OCALA FL 34481 Zip Code City 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 Signature, typed or printed name of regimered agent and ide if applicable (NOTE: Registered Agent signature required when reinstailing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TOTLE IIILE Change ☐ Addition Detete DARREIL E 14.7434+ HALE MAME STREET ADDRESS STREET ADDRESS Donnellon El 301135 CITY. \$1. 71P C11Y\_S1\_7IP ml DARRELL 6 17 1120 Delete TIFLE Change ☐ Addition NAME PRES: BUNT NAME VICE SW 129 TORRACE NO STREET ADDRESS STREET ADDRESS 10045 Dunne Hon CITY- ST- 71P E1 30435 CITY-SI-ZiP SECRETARY - TREASUROR DANIEL HITOS TITLE ☐ Change TITLE ☐ Addition NAMÉ NAME 10708 SW 57 TENNACE STREET ADDRESS STREET ADDRESS 34476 CITY-SI-ZIP CHY-S1-ZIP OCA LA 1111 F TITLE Delete Change " Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P aty-st-ZP TITLE Delete TATLE Change Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-7P 12. Thereby certify that the information supplied with this filling 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 eath; 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:

FILED