


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90027 044 \*\*\*158.75

**DOCUMENT # P04000057507**

1. Entity Name  
**DRIVE HOME AUTO SALES, INC.**



Principal Place of Business  
**601 SOUTH SEAS DRIVE  
 UNIT # 202  
 JUPITER FL 33477**

Mailing Address  
**601 SOUTH SEAS DRIVE  
 UNIT # 202  
 JUPITER FL 33477**

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1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**20 0956687**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SOLOMON, MARC I  
 2600 N. MILITARY TRAIL  
 STE # 290  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
 Street  
 City

**Mr. Anthony S. Lazzara  
 601 S Seas Dr # 202  
 Jupiter, FL 33477**

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  DATE **2/5/05**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

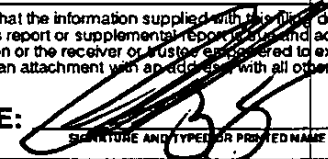
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAZZARA, ANTHONY S 601 SOUTH SEAS DRIVE, UNIT # 202 JUPITER FL 33477</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONAL OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>Mr. Anthony S. Lazzara 601 S Seas Dr # 202 Jupiter, FL 33477</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this report 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 law, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **5-21-80/04/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mr. Anthony S. Lazzara  
 601 S Seas Dr # 202  
 Jupiter, FL 33477**

Daytime Phone #