

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 046 ***150.00

DOCUMENT # P04000072510 1. Entity Name VANCE'S CAR SALES, IJNC.					
Principal Place of Business 40436 EMERALD ISLAND RD LEESBURG, FL 34788			Mailing Address 40436 EMERALD ISLAND RD LEESBURG, FL 34788		
2. Principal Place of Business 40438 Emerald Island Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 40438 Emerald Island Rd <small>Suite, Apt. #, etc.</small>			
City & State Leesburg FL Zip 34788		City & State Leesburg FL Zip 34788		4. FEI Number 20-1059402 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OLSON, TERRY E 545 N UMATILLA BLVD UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Vance Sullivan Street Address (P.O. Box Number is Not Acceptable) 40438 Emerald Island Rd City Leesburg FL Zip Code 34788		
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 Vance Sullivan 6-21-05 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, VANCE B 40436 EMERALD ISLAND RD LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Officer/Director Sullivan, Vance B 40438 Emerald Island Rd Leesburg FL 34788	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: Vance Sullivan 6-21-05 352-669-3637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					