

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90397 019 ***158.75

DOCUMENT # P04000091243	
1. Entity Name DIRECT AUTO DEALER SUPPLIES, INC.	

Principal Place of Business 309 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603	Mailing Address 309 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603
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2. Principal Place of Business 2716 25th Street N.	3. Mailing Address P.O. Box 76187
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33713	Zip 33734
Country USA	Country USA

01182005 Chg-P. CR2E034 (10/03)

4. FEI Number 74-3124190	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name ALFONSO, SUZETTE M		Name	
Street Address (P.O. Box Number is Not Acceptable) 309 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, PATRICIA L P.O. BOX 76187 ST. PETERSBURG, FL 33734 <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	D CULLERS, ALYCE M P.O. BOX 76187 ST. PETERSBURG, FL 33734 <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
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
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
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

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: *Alyce M. Cullers* **Alyce M. Cullers** **4/14/05** **727-328-6898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #