


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 007 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000107138 1. Entity Name C & M PILOT CAR INC.			
Principal Place of Business 1501 NE 169 TER SILVER SPRINGS, FL 34488		Mailing Address 1501 NE 169 TER SILVER SPRINGS, FL 34488	
2. Principal Place of Business 1501 N.E. 169th Terrace Suite, Apt. #, etc.		3. Mailing Address 1501 N.E. 169 Terrace Suite, Apt. #, etc.	
City & State Silver Springs, FL Zip 34488		City & State Silver Springs, FL Zip 34488	
Country Marion		Country Marion	
4. FEI Number 20-1393871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, CHRIS 1501 NE 169 TER SILVER SPRINGS, FL 34488		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <u>Martha Palmer</u> DATE: <u>4-25-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT <input type="checkbox"/> Delete NAME PALMER, CHRIS STREET ADDRESS 1501 NE 169 TER CITY-ST-ZIP SILVER SPRINGS, FL 34488	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VS <input type="checkbox"/> Delete NAME PALMER, MARTHA STREET ADDRESS 1501 NE 169 TER CITY-ST-ZIP SILVER SPRINGS, FL 34488	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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>Martha Palmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4-25-05</u> (352) 625-1984 <small>Date Daytime Phone</small>	

40068865



04252005 Chg-P CR2E034 (10/03)