


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088631	
1. Entity Name LOUIS MOTOR NEWCO, INC.	

Principal Place of Business 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304	Mailing Address 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KING, W. CLAY 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, W. CLAY 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APPLEBY, ED 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FRANCIS, KIRK J 700-900 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/25/04--01057--028 **158.75

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: Francis Kirk J Francis VP 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 MAY 10 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-P CR2E034 (10/03) 04

4. FEI Number 65-0457561	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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