

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000042572

1. Entity Name:
AUTOMOTIVE IN-STORE MARKETING, INC.



Principal Place of Business
**1278 SANDCASTLE RD
SANIBEL ISLAND, FL 33957**

Mailing Address
**1278 SANDCASTLE RD
SANIBEL ISLAND, FL 33957**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0501316

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAICHNAR, A. RONALD
1702 SAND PEBBLE WAY
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000141232
04/30/04-80002-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D ALEXANDER, STEPHEN J 1278 SANDCASTLE RD SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY ST ZIP	D ALEXANDER, CHARLYNN K 1278 SANDCASTLE RD SANIBEL ISLAND, FL 33957
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 2393259203
Date Daytime Phone #