## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000056220

Entity Name: BM WHOLESALE AUTOMOTIVE, INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5023 BOWDEN RD 11089 CRYSTAL LYNN CT N JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32226 US

Current Mailing Address: New Mailing Address:

11374 MOTOR YACHT DR 11089 CRYSTAL LYNN CT N JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32226 US

FEI Number: 59-3257939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HICKS, CHERYL

11374 MOTOR YACT DR N

JACKSONVILLE, FL 32225 US

HICKS, CHERYL

11089 CRYSTAL LYNN CT N

JACKSONVILLE, FL 32226 US

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.

SIGNATURE: CHERYL HICKS 03/08/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ST () Delete

Name: HICKS, CHERYL A Address: 11374 MOTOR YACHT DR

City-St-Zip: JACKSONVILLE, FL 32225

Title: P ( ) Delete Name: HICKS, WALTER G

Address: 11374 MOTOR YACHT DR N City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition

Name: HICKS, CHERYL A

Address: 11089 CRYSTAL LYNN CT N City-St-Zip: JACKSONVILLE, FL 32226

Title: P (X) Change ( ) Addition

Name: HICKS, WALTER G

Address: 11089 CRYSTAL LYNN CT N City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL HICKS ST 03/08/2004