


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018971 1. Entity Name AUTOMOTIVE ASSOCIATES OF TALLAHASSEE, INC.	
---	---

Principal Place of Business 7021 SPENCER DRIVE TALLAHASSEE, FL 32312	Mailing Address 7021 SPENCER DRIVE TALLAHASSEE, FL 32312
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LIPTON, RONALD 7021 SPENCER DRIVE TALLAHASSEE, FL 32312	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees. 500036187045 09/12/04--01024--001 **300.00
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEART, GREGORY H 248 CREPE MYRTLE LN CAIRO, GA 31728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARROLL, MARSHALL ROUTE 16 BOX 9022 TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPTON, RONALD 7021 SPENCER DRIVE TALLAHASSEE, FL 32312
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**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-30-04 Date	850-562-8989 Daytime Phone #
---	------------------------	--