2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P95000041522 Feb 13, 2004 08:00 AM Secretary of State AUTO TAG OF AMERICA, INC. Principal Place of Business Mailing Address 6807 STATE RD. 70 EAST 6807 STATE RD. 70 EAST BRADENTON FL 34203 **BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0585511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIGLIOTTI, NICK S Street Address (P.O. Box Number is Not Acceptable) 6807 STATE RD. 70 EAST **BRADENTON FL 34203** City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME GIGLIOTTI, NICK S U00000049750 02/13/04-80035-018 150.00 STREET ADDRESS 704 67TH ST. NW. STREET ADDRESS **BRADENTON FL 34209** CITY - ST- ZIP CITY-ST-7P TITLE ☐ Change ☐ Delete TITLE Addition NAME GIGLIOTTI, MARY LOU NAME 704 67TH ST. NW. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME HAWS, MARK NAME 11020 RICJFIELD AVE NE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP ALBURQUERQUE NM CITY+ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: MANUTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLORD DAYLORD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLORD PLANE DAYLORD PROPER P