

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084478

FILED
Apr 26, 2004
Secretary of State

Entity Name: COMCAR PROPERTIES, INC.

Current Principal Place of Business:

502 EAST BRIDGERS AVENUE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

POST OFFICE DRAWER 67
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3349545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSTICK, R. MARK
Address: 502 EAST BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD () Delete
Name: JACOBS, MILTON E
Address: 502 EAST BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: JACOBS, MILTON E
Address: 502 EAST BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FOX, ROBERT Y
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Change (X) Addition
Name: STRAUGHN, RICHARD E
Address: 255 MAGNOLIA AVE., SW
City-St-Zip: WINTER HAVEN, FL 33883

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: MILTON E. JACOBS

VP

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date