


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000084682</b> 1. Entity Name AUTO SUN ROOF OF FLORIDA, INC.	
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Principal Place of Business 4161 114TH TERRACE NORTH CLEARWATER, FL 33762-4904 US	Mailing Address 4161 114TH TERRACE NORTH CLEARWATER, FL 33762-4904 US
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**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3348411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

COWART, ROBERT J. 531 GARLAND CIRCLE INDIAN ROCKS BEACH, FL 33785
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**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 \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS JONES, RICHARD W III 753 MILL ST MOORESTOWN, NJ 08057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT COWART, ROBERT 531 GARLAND CIRCLE INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000091438  
03/18/04-80009-006 150.00

**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:  **ROBERT J. COWART** **3/16/04** **727 572 4723**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #