


2004 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P96000030556	
1. Entity Name DIRECT DRIVE AUTO SALES, INC.	

FILED
04 NOV -4 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10408 66TH STREET NORTH PINELLAS PARK, FL 34666	Mailing Address 10408 66TH STREET NORTH PINELLAS PARK, FL 34666
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

CR2E098 (6/04)

6. Name and Address of Current Registered Agent PARKER, JOHN D 7047 46TH AVE N ST PETERSBURG, FL 33709	7. Name and Address of New Registered Agent Name: <u>Kevin Kruszewski</u> Street Address (P.O. Box Number is Not Acceptable) <u>10400 66th St. N.</u> City <u>Pinellas Park</u> <u>FL</u> Zip Code <u>33782</u>
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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 January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS JOHN D PANKEN 7047 46TH AVE N ST PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042476854 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/04/04--01049--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Kevin Kruszewski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10400 66th St. N. Pinellas Park, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

10-22-04

Date

727-539-1191

Daytime Phone #

8

202

ALL INCLUSIVE ACCOUNTING INC
1583 S. Belcher Rd.
SUITE A
CLEARWATER, FL. 33764
Phone 727-539-1191 ***** Fax 727-524-1724

Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

RE: Direct Drive Auto Sales Inc
P96000030556
Annual Report

Please accept this annual report from **DIRECT DRIVE AUTO SALES INC.** for the year 2004. They did not receive notification prior to this time.

We ask that you accept their payment and reinstate the corporate status.

Thank you in advance for your help resolving this matter.

Sincerely



Charles E. Gentry II
All Inclusive Accounting Inc