

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90005 036 ***155.00

DOCUMENT # P96000033966

1. Entity Name

PRIDE MOTORS, INC.



Principal Place of Business

**1304 EAST BAKER ST
PLANT CITY FL 33566**

Mailing Address

**1304 EAST BAKER ST
PLANT CITY FL 33566**

34011000

2. Principal Place of Business

1453 LANDSTREET RD

Suite, Apt. #, etc.

301B

3. Mailing Address

P.O. Box 771282

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3375697

Applied For

Not Applicable

Zip

32824

Country

ORANGE

Zip

32877-1282

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TEJADA, HECTOR
1302 E. BAKER STREET
PLANT CITY FL 33563**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SALEMA, MANUEL**
STREET ADDRESS **1304 EAST BAKER ST**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #