


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000094658 1. Entity Name AUTO LAND OF VOLUSIA COUNTY, INC.		
Principal Place of Business 1644 E NEW YORK AVE DELAND, FL 32724	Mailing Address 1644 E NEW YORK AVE DELAND, FL 32724	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BALLARD, BRUCE J PO BOX L 479 1008 S WOODWARD AVE DELAND, FL 32720		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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALLARD, BRUCE 1008 S WOODWARD BLVD DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Bruce J. Ballard</u> <u>BRUCE J. BALLARD</u> 4-9-04 1-386-822-5666 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3418542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000109886
04/12/04-80061-011 150.00