

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90673 022 \*\*\*150.00

<b>DOCUMENT # P96000096205</b> <small>1. Entity Name</small> <b>P &amp; L AUTOS, INC.</b>					
<small>Office, Apt. #, etc.</small>		<small>Office, Apt. #, etc.</small>		<b>04252004</b> <b>Chg-P</b> <b>CR2E034 (10/03)</b>	
<small>City &amp; State</small>		<small>City &amp; State</small>		<b>4. FEI Number</b> <b>59-3413074</b>	
<small>Zip</small>		<small>Country</small>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DOW, EDWARD F</b> <b>463 IBIS LANE</b> <b>SATELLITE BEACH, FL 32937-3702</b>				<b>7. Name and Address of New Registered Agent</b>  <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> <b>FL</b> <small>Zip Code</small>	
<b>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.</b>  <small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when resigning)</small> <small>DATE</small> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>P</b> <b>DOW, EDWARD F</b> <b>463 IBIS LANE</b> <b>SATELLITE BEACH, FL 329373702</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>P.</b> <b>DOW, EDWARD F.</b> <b>348 MYRTLEWOOD ROAD</b> <b>MELBOURNE, FL 32940-7766</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <b>EDWARD F. DOW</b> <b>APRIL 24 2004</b> <b>(321) 254 9228</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					