

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90123 018 *1,100.00

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1. Entity Name
 SOUTH FLORIDA BUS SALES, INC.



Principal Place of Business
 1655 91ST COURT
 VERO BEACH, FL 32966 US

Mailing Address
 1655 91ST COURT
 VERO BEACH, FL 32966 US

24083683



DO NOT WRITE IN THIS SPACE

06152004 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-2324023 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOCKWOOD, DAVID
 1655 91ST COURT
 VERO BEACH, FL 32966

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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 registration.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOCKWOOD, DAVID
STREET ADDRESS	1655 91ST CT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	VD
NAME	FLYNN, MIKE
STREET ADDRESS	1655 91ST CT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

8/30/04
Date

772-564-9355
Daytime Phone #