### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P97000065574

1. Entity Name AUTOPAX, INC.



FILED
May 26, 2004 08:00 AM
Secretary of State

Principal Place of Business

#18 PARKWAY PLAZA, 810 SATURN STREET JUPITER, FL. 33477

Mailing Address #16 PARKWAY PLAZA 810 SATURN STREET JUPITER, FL 33477

## DO NOT WRITE IN THIS SPACE

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05212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-2897540

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

#### 6. Name and Address of Current Registered Agent

INGLIS, JOHN T #18 PARKWAY PLAZA, 810 SATURN STREET JUPITER, FL 33477

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or registered agen	t, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		•

SIGNATURE Signature, typed o

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

(NOTE, Registered Agent signature required when reinstating)

OATE

#### FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS TITLE NAME INGLIS, LU C STREET ADDRESS #18 PARKWAY PLAZA, 810 SATURN STREET CRY-ST-ZIP JUPITER, FL 33477 TITLE INGLIS, JOHN T NAME #18 PARKWAY PLAZA, 810 SATURN STREET STREET ADDRESS CITY - ST - ZIP JUPITER, FL 33477 NAME STREET ADDRESS CITY-ST-ZIP

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# DO NOT WRITE IN THIS SPACE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Lu C. Inglia, President

Lu C. Inglis

05.21.04

561-746-2161 561-575-0131