



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90002 028 ***150.00

DOCUMENT # P97000088475 1. Entity Name FIRST AUTO AND TRUCK SALES, INC.					
Principal Place of Business 2638 NORTH ST. RD. 21 #153 MELROSE, FL 32666			Mailing Address 7059 KING ST. KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business 1053 SE Hwy 100 Suite, Apt. #, etc. Unit K-61		3. Mailing Address P.O. Box 5145 Suite, Apt. #, etc.			
City & State Keystone Heights, FL		City & State Gainesville, FL		4. FEI Number 59-3472522	
Zip 32656		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMEIDA, JESSE L 7059 KING STREET KEYSTONE HEIGHTS, FL 32656			7. Name and Address of New Registered Agent Name Bobby J. Powell, Sr. Street Address (P.O. Box Number is Not Acceptable) 711 NW 23rd Ave, #3 City Gainesville FL Zip Code 32609		
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 Bobby J. Powell, Sr., Pres DATE 3-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMEIDA, JESSE 7059 KING STREET KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Bobby J. Powell, Sr. 711 NW 23 rd Ave, #3 Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLETTA, THOMAS ALBERT 7059 KING STREET KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Bobby J. Powell, Sr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-15-04 Daytime Phone # 352-376-5314		