2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P97000098788

Entity Name: FAMILY VALUE AUTOMOTIVE, INC.

Current Principal Place of Business:

185 SOUTH SUNCOAST BOULEVARD
HOMOSASSA, FL 34448 US

New Principal Place of Business:

1785 SOUTH SUNCOAST BOULEVARD
HOMOSASSA, FL 34448 US

Current Mailing Address:

1919 SOUTH POST ROAD
INDIANAPOLIS, IN 46239 US

New Mailing Address:

FEI Number: 65-0794586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: HOCKETT, KEITH
Address: 6005 E 24 STREET
City-St-Zip: BRADENTON, FL 34203

Title: TAS ( ) Delete
Name: HOLDREN, LAURA
Address: 1765 SOUTH SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 32646

Title: D ( ) Delete
Name: HOCKETT, MICHAEL
Address: 1919 S. POST ROAD
City-St-Zip: INDIANAPOLIS, IL 46239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TAS (X) Change ( ) Addition
Name: HOLDREN, LAURA
Address: 1785 SOUTH SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34448

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. MICHAEL HOCKETT D 01/08/2004

Electronic Signature of Signing Officer or Director Date