

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90018 046 ***150.00

DOCUMENT # P97000103286 1. Entity Name BILL LIGHT AUTO PLAZA, INC.			
Principal Place of Business 15480 CORTEZ BLVD SPRING HILL, FL 34613		Mailing Address 15480 CORTEZ BLVD SPRING HILL, FL 34613	
2. Principal Place of Business 8242 Commercial Way Suite, Apt. #, etc. Weeki Wachee, FL City & State 34613 Hernando Zip Country		3. Mailing Address Pm B 224 Suite, Apt. #, etc. 6252 Commercial Way City & State Weeki Wachee, FL Zip Country 34613 Hernando	
4. FEI Number 59-3480026		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGHT, WILLIAM D 1374 ALADDIN RD SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name William D LIGHT Street Address (P.O. Box Number is Not Acceptable) 8242 Commercial Way Weeki Wachee City FL Zip Code 34613	
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 _____ <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 V NAME LIGHT, KATHLEEN M STREET ADDRESS 1374 ALADDIN ROAD CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE V NAME Light, Kathleen M. STREET ADDRESS 8242 Commercial Way CITY-ST-ZIP Weeki Wachee, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME LIGHT, WILLIAM D STREET ADDRESS 1374 ALADDIN RD CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE P NAME Light, William D. STREET ADDRESS 8242 Commercial Way CITY-ST-ZIP Weeki Wachee, FL 34613	<input checked="" 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
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
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: Kathleen M. Light <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-10-04 352 597-7776 <small>Date Daytime Phone</small>	