


05-03-2004 91249 031 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000015275

1. Entity Name
FLORIDA MARINE BOAT-RV-AUTO SALES, INC.



Principal Place of Business 4804 95TH STREET NORTH ST. PETERSBURG, FL 33708	Mailing Address 4804 95TH STREET NORTH ST. PETERSBURG, FL 33708
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00467376



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ZEIDLEC, DEBORAH K
 4804 95TH ST N
 SAINT PETERSBURG, FL 33708

7. Name and Address of New Registered Agent

Name **ZEIDLER, GUS**

Street Address (P.O. Box Number is Not Acceptable)
~~4804~~ **95TH ST. N.**

City **ST. PETERSBURG** FL Zip Code **33708**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Delete P ZEIDLER, GUS STREET ADDRESS 4804 95TH STREET N. CITY-ST-ZIP ST. PETERSBURG, FL 33708		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	

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: GUS ZEIDLER **GUS ZEIDLER** **MAY 24/04** **727-215-5534**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #