2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM **DOCUMENT # P98000021079 Secretary of State** 1. Entity Name FLORIDA AUTO GROUP OF TAMPA BAY, INC. Principal Place of Business Mailing Address 6708 NORTH FLORIDA AVENUE 6706 NORTH FLORIDA AVE. TAMPA, FL 33604 TAMPA, FL 33604 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3498192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5 Fee Required 6. Name and Address of Current Registered Agent CANNELLA, FRANK DO NOT WRITE 6706 NORTH FLORIDA AVE TAMPA, FL 33604 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PT TITLE CANNELLA, FRANK U00000193024 01/25/05-80039-025 150.00 NAME 6706 NORTH FLORIDA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 VPS TITLE CANNELLA, F SCOTT NAME 6706 NORTH_FLORIDA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

changed, or on an attachment with

CITY-ST-ZIP

TAXAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05 813 238 7453

FILED