

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000039200

1. Entity Name

POTOMAC GERMAN AUTO SOUTH, INC.



Principal Place of Business

550 STATE ROAD 207
ST. AUGUSTINE FL 32084

Mailing Address

550 STATE ROAD 207
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3507389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIFATO, MICHAEL
550 STATE ROAD 207
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MILLER, W. HALL	
STREET ADDRESS	4305 LINE KILN ROAD	
CITY-ST-ZIP	FREDERICK MD 21703	
TITLE	D	☐ Delete
NAME	DIFATO, MICHAEL	
STREET ADDRESS	550 SR 207	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	☐ Delete
NAME	DIFATO, JOSEPH	
STREET ADDRESS	550 SR 207	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000060452
02/23/04-80041-005 150.00

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

2/19/04

904-826-484