


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90263 034 ***150.00

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|---|---------------------|---|---|--|--|-------|---|---------------------------------|------|------------------|--|----------------|---------------|--|-------------|---------------------|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| DOCUMENT # P98000052449 1. Entity Name CENTRAL GARAGE OF VERO BEACH, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1140 SOUTH US 1 VERO BEACH FL 32962 | | | Mailing Address 1140 SOUTH US 1 VERO BEACH FL 32962 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0841984 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ARCHER, JOSEPH E 1140 SOUTH US 1 VERO BEACH FL 32962 | | | 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARCHER, JOSEPH E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 11TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VERO BEACH FL 32962</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | D | <input type="checkbox"/> Delete | NAME | ARCHER, JOSEPH E | | STREET ADDRESS | 101 11TH AVE. | | CITY-ST-ZIP | VERO BEACH FL 32962 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ARCHER, JOSEPH E | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 101 11TH AVE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | VERO BEACH FL 32962 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>[Signature]</i> 1/29/04 772-770-6330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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MOORE CR2E034 (11/03)