2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000064426

1. Entity Name

ED MILLER'S AUTO CARE, INC.



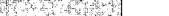
FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90757 039 ***150.00

Principal Place of Business

Mailing Address

4601-C GANDY BLVD. TAMPA, FL 33611 4601-C GANDY BLVD. TAMPA, FL 33611





DO NOT WRITE IN THIS SPACE

01112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-3525165 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, EDWIN 4601-C GANDY BLVD. TAMPA, FL 33611

SIGNATURE:

the obligations of registered agent.

DO NOT WRITE

, t Olokyatí mře	, 1 (A) ≥ 1 						
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regis	stered Agent signature req	uired when reinsta(ing)	484	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution	·	\$5.00 May Be Added to Fees		,	
10.	OFFICERS AND DIREC	TORS	I Set allows	Jak W. Official in	Karante i letta		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MILLER, EDWIN 4601-C GANDY BLVD. TAMPA, FL 33611						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WATSON, PHYLLIS C 4601-C GANDY BLVD. TAMPA, FL 33611						
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	NTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SP	NCE :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · ·						
TITLE NAME	,						Property of the second
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.							

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