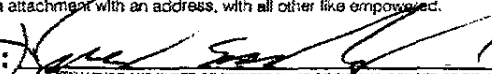


FILED**Apr 30, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000096274		
1. Entity Name N. FLORIDA AUTO, INC.		
Principal Place of Business P.O. BOX 8623 JACKSONVILLE, FL 32239		Mailing Address P.O. BOX 8623 JACKSONVILLE, FL 32239
DO NOT WRITE IN THIS SPACE		
		 04292004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3542817
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent PLEIMAN, THOMAS C JR 9471 BAYMEADOWS ROAD STE 308 JACKSONVILLE, FL 32256		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		000000143758 04/30/04-80105-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAID-AHMED, MOHAMAD P.O. BOX 8623 JACKSONVILLE, FL 32239	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: 		4/28/04 904-643-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #