

# ANNUAL REPORT

DOCUMENT # P99000028436

1. Entity Name  
AUTO CONNECTION, INC.



**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90018 047 \*\*\*150.00

Principal Place of Business  
6895 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32310 US

Mailing Address *1446 KATIE LOIS RD*  
~~6895 BLOUNTSTOWN HWY~~  
TALLAHASSEE, FL 32310 US



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3569609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOUTWELL, CHARLES E  
1446 KATIE LOIS RD  
TALLAHASSEE, FL 32310

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

Signature, type or printed name of the registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOUTWELL, CHARLES E  
STREET ADDRESS 1446 KATIE LOIS RD  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VPSD  
NAME BOUTWELL, ALEXA S  
STREET ADDRESS 1446 KATIE LOIS RD  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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)(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: *Alexa Boutwell* ALEXA BOUTWELL 4-9-04 575-1391