

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

APPROVED  
AND  
FILED

04 DEC 10 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12092004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000053411</b>					
<b>1. Entity Name</b> SALAMONE AUTOMOTIVE SERVICE, INC.					
<b>Principal Place of Business</b> 1723 N.E. 23RD TERRACE OCALA, FL 34470			<b>Mailing Address</b> 1919 NE JACKSONVILLE RD 103 OCALA, FL 34470		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2708 S.E. 15th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, Florida		<b>4. FEI Number</b> 59-3582832	
Zip		Zip 34471		Country USA	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SALAMONE, JOHN 1723 N.E. 23RD TERRACE OCALA, FL 34470			Name Salamone, John		
			Street Address (P.O. Box Number is Not Acceptable) 2708 S.E. 15th Street		
			City Ocala		
			State FL		
			Zip Code 34471		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALAMONE, JOHN 2708 S.E. 15TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Salamone, John 2708 S.E. 15th Street Ocala, Florida 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILDING, THOMAS R 4411 NE 3RD STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SALAMONE, JEFFREY S 4410 NE 3RD STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043332580 12/10/04--01044--002 **69.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAY, ROBERT C 4535 SE 13TH STREET OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>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.</b>					
<b>SIGNATURE:</b> <u>John N Salamone</u>		12/9/2004		352-732-9200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	