

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000058377

1. Entity Name
AUTOMOTIVE XPRESS, INC.



Principal Place of Business

1405 E. VINE ST.
KISSIMMEE, FL 34744

Mailing Address

1405 E. VINE ST.
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE



09012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3582272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMACHO, GERARDO
2169 MALLARD CREEK CIRCLE
KISSIMMEE, FL 34743

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
AVONCE, ZEFERINO
4620 OSCEOLA POINT TRAIL
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
CAMACHO, GERARDO
2169 MALLARD CREEK CIRCLE
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000171819
09/08/04-80007-004 158.75

**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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Dayside Phone #

9/2/04 407-301-3033