

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90052 024 ***150.00

DOCUMENT # P99000060022					
1. Entity Name T. P. AUTO SALES, INC.					
Principal Place of Business 3812 N. MONROE ST. TALLAHASSEE FL 32303			Mailing Address 3812 N. MONROE ST. TALLAHASSEE FL 32303		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3585488	
6. Name and Address of Current Registered Agent LIPTON, RONALD J 3812 N. MONROE ST. TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE 				SIGNATURE 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPTON, RONALD 7021 SPENCER DR. TALLAHASSEE FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEART, GREG 248 CREPE MYRTLE W. CAIRO GA 31728		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEART, GREG 248 CREPE MYRTLE W. CAIRO GA 31728		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEART, GREG 248 CREPE MYRTLE W. CAIRO GA 31728		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, MARSHALL 2814 CAPITAL CR. NE TALLAHASSEE FL 32308	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE					
DAYTIME PHONE #					