2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2004 08:00 AM **DOCUMENT # P99000070561 Secretary of State** 1. Entity Name AUTO-BANK OF DAYTONA, INC. Principal Place of Business Mailing Address 520 NORTH NOVA ROAD 520 NORTH NOVA ROAD DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 02112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3637094 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NISBETT, RICHARD DO NOT WRITE 520 N NOVA ROAD DAYTONA BEACH, FL 32114 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... DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. מדם TITLE U00000059254 NISBETT, RICHARD NAME 02/20/04-80074-011 150.00 STREET ADDRESS 520 NORTH NOVA ROAD DAYTONA BEACH, FL 32114 CITY-SY-ZIP TITLE CONWAY, CRAIG NAME STREET ADDRESS 520 NORTH NOVA ROAD DAYTONA BEACH, FL 32114 CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 71717 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SPICIFARY NISBETT PAF

2.12-04 (38)

286)252-7000

FILED