2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2004 8:00 am DOCUMENT # P99000100644 **Secretary of State** 02-16-2004 90030 004 ***158.75 ENCORE CARS, INC. Principal Place of Business Mailing Address 7531 W TENN ST 4471 CAMDEN RD. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address 7531 W TENN ST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3608697 Tallahassee Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32304 LEON 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDONALD, RAY D JR 4471 CAMDEN RD. TALLAHASSEE FL 32303 7531 W. TENNESSEE ST 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 KAY D. MCDONAID J (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE Change Addition MCDONALD, RAY D JR NAME NAME 7531 W. TENNESSEE ST TAllAhassee F1 32304 4471 CAMDEN RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change DITE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED