2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P99000103248** Apr 14, 2005 08:00 AM Secretary of State 1. Entity Name S & B AUTO SALES, INC. Principal Place of Business Mailing Address 3400 HAVENDALE BLVD 3400 HAVENDALE BLVD WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3621082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROOKS, SADIE** DO NOT WRITE 1520 40TH STREET NW WINTER HAVEN, FL 33881 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE BROOKS, SADIE NAME STREET ADDRESS 1520 40TH ST. NW CITY-ST-ZIP WINTER HAVEN, FL 3388T TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!), 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

Sanie Brooks Sanie Brooks

BENATURE AND TYPED OF PENNTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

863-965-0406

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