

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 006 ***150.00

DOCUMENT # P99000111283 1. Entity Name C.R. CARS, INC.			
Principal Place of Business 3600 HAVENDALE BLVD WINTER HAVEN, FL 33880		Mailing Address PO BOX 2105 AUBURNDALE, FL 33823	
2. Principal Place of Business 120 Spirit Lake rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 2105 <small>Suite, Apt. #, etc.</small>	
City & State Winter Haven FL		City & State Auburndale FL	
Zip 33880		Zip 33823	
Country Polk		Country Polk	
4. FEI Number 59-3616166		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUNSAVILLE, CHRISTOPHER L 201 KILMER LANE WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Christopher L Rounsaville</u> Christopher L Rounsaville 7-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ROUNSAVILLE, CHRISTOPHER L 201 KILMER LANE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Christopher L Rounsaville</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-27-04 863-412-1433 <small>Date Daytime Phone #</small>	