2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2004 8:00 am Secretary of State DOCUMENT # S02032 05-05-2004 90244 044 ***150.00 1. Entity Name CENTRAL AUTO SALES, INC. Principal Place of Business Mailing Address 14022265 418 GRANT STREET 1500 BEVILLE ROAD PORT ORANGE FL 32118 US 606-311 DAYTONA BEACH FL 32114 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3024478 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SENKOVICH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1500 BEVILLE ROAD SUITE 606-311 DAYTONA BEACH FL 32114 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, typed or printed name of registered agent and title if applicable. DATE (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 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change | ☐ Addition TITLE SENKOVICH, MICHAEL NAME NAME 2323 S ATLANTIC AVE STREET ADDRESS STREET ADDRESS DAYTONA BCH SHS FL CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition D TITLE ☐ Delete TITLE SENKOVICH, DONALD NAME NAME 2323 S ATLANTIC AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH SHS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORNELIUS, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 2323 S ATLANTIC AVE CITY-ST-ZIP DAYTONA BCH SHS FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 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.

FILED