

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90061 042 ***150.00



DOCUMENT # S68260

1. Entity Name

520 AUTO SALES, INC.

Principal Place of Business

16 SOUTH TROPICAL TRAIL
 MERRITT ISLAND FL 32952

Mailing Address

16 SOUTH TROPICAL TRAIL
 MERRITT ISLAND FL 32952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3074573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CHAPMAN, DALE
 16 SOUTH TROPICAL TRAIL
 MERRITT ISLAND FL 32952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP Delete
 NAME CHAPMAN, DALE E
 STREET ADDRESS 16 S TROPICAL TRAIL
 CITY-ST-ZIP MERRITT ISLAND FL

TITLE Delete
 NAME *SEC. / TRES. STARLETTE E. CHAPMAN*
 STREET ADDRESS *16 S. TROPICAL TRAIL*
 CITY-ST-ZIP *MERRITT ISL. FL 32952*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *SEC. / TRES. STARLETTE E. CHAPMAN*
 STREET ADDRESS *16 S TROPICAL TRAIL*
 CITY-ST-ZIP *MERRITT ISL, FL 32952*

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *Dale E. Chapman* DALE E. CHAPMAN

1-27-04

321 452 2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #