


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90001 029 \*\*\*150.00

<b>DOCUMENT # S69829</b> 1. Entity Name <b>C &amp; I AUTO, INC.</b>					
Principal Place of Business <b>3096 CAMINO DE NAVARRE, FL 32566 US</b>			Mailing Address <b>P.O. BOX 5096 NAVARRE, FL 32566 US</b>		
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 <b>59-3083287</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WILLIFORD, CARL 3096 CAMINO DE REAL NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	P WILLIFORD, IRENE 3096 CAMINO DE REAL NAVARRE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIFORD, CARL H. 3096 CAMINO DE REAL NAVARRE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Irene Williford</i> <b>5-26-04</b> <b>850-936-9250</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**54055672**



05062004 Chg-P CR2E034 (10/03)

To receive a form by mail:

pd 4-26-04  
cr 9612

Attachment

54055672  
# 569829

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

Change of Address

S69829  
C & I AUTO, INC.  
P.O. BOX 5096  
NAVARRE FL 32566-0096



*Here Williford JANE Williford*

CR2E095 10/03

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## ANNUAL REPORT NOTICE

0060352 01 AV 0.176 \*\*AUTO T4 1 1201 32566-009696  
C & I AUTO, INC.  
P.O. BOX 5096  
NAVARRE FL 32566-0096

5-26-04  
This is what I sent in  
before because I never got  
the Corp Report like I requested

Phone (800) 214-4794  
P.O. Box 5096  
Navarre, FL 32566

PAY TO THE ORDER OF *Regions Bank*

*For Dept of State*

*One Hundred Fifty & no/100* \$ 150.00

DATE *4-26-04*

FOR *Annual Report* *Jane Williford*

10632066631 51 0702 8636 9612

63-666/632