2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM DOCUMENT # V09041 **Secretary of State** 1. Entity Name E. & É. MOTORS, INC. Mading Address Principal Place of Business 1360 MELALEUCA LN **4208 FOWLER STREET** FT MYERS, FL 33901 FT MYERS, FL 33901 US No Cha-P CR2E034 (10/03) 01232004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0311253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ZARICK, EDWARD T. JR. 1360 MÉLALEUCA LANE FT, MYERS, FL 33901 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 trie if applicable. (NOTE: Registered Agent aignatura required when reinstating) DATE U00000028411 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00. After May 1, 2004 Fee Will be \$550.00 02/04/04-80023-025 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VSD TITLE ZARICK, EDWARD T. JR. MALLE 1360 MELALEUCA LANE STREET ADDRESS FT. MYERS, FL CITY-ST-ZP TITLE MALKE STREET ADDRESS DTY-57-78 TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS
CITY-ST-ZIP
TRILE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1.29.04

FILED

239-940-4170