2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90018 014 ***150.00

DOCUMENT # V11007

1. Entity Name

QUALITY AUTOMOTIVE OF CENTRAL BREVARD, INC.

Principal Place of Business	Mailing Address
444 NIEMAN AVENUE MELBOURNE FL 32901 US	444 NIEMAN AVENUE MELBOURNE FL 32901 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
414 Martin Rd	414 Martin Rd
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Palm Bay, Fl	City & State: Palm Bay, FL
Zip: 32909 Country: Brevard	Zip: 32909 Country: Brevard

4. FEI Number 59-3101567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDLIN, KENNETH W.
444 NIEMAN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Medlin Kenneth W.
Street Address (P.O. Box Number is Not Acceptable): 414 Martin Road S.E.
City: Palm Bay FL Zip Code: 32909

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	P	☐ Delete
NAME	MEDLIN, KENNETH W	
STREET ADDRESS	255 SAUDERS ROAD, SOUTHEAST	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SB	☐ Delete
NAME	MEDLIN, KAREN	
STREET ADDRESS	255 SAUDERS ROAD, SOUTHEAST	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Karen Medlin KAREN MEDLIN 3/9/04 321-727-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #