2004 FOR PROFIT CORPORATION

FILED Apr 23, 2004 08:00 AM Secretary of State No Chg-P CR2E034 (10/03) DO NOT WRITE

ANNUAL REPORT	,
DOCUMENT # V16458	

1. Entity Name MCCONNELL MOTORS, INC.

5. Name and Address of Current Registered Agent

Principal Place of Business 2800 SANFORD AVENUE SANFORD, FL 32773

Mailing Address 2800 SANFORD AVENUE SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

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03302004

4. FEI Number	 Applied For
59-3106250	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

MCCONNELL, DALE E. 2800 SANFORD AVENUE

SANFORD, FL 32773

IN THIS SPACE

		11.4	THIS SPACE
8. The above named entity submits this statement for the obligations of registered agent.	ne purpose of changing its registered office of	r registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and	title if applicable. (NOTE, Registered Agent signa	ure required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	100000125936 04/23/04-80013-024 150.00
10. OFFICERS AND DI	RECTORS.		
TITLE D NAME MCCONNELL, DALE E. STREET ADDRESS 2800 SANFORD AVENUE SANFORD, FL	155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with th	is filing does not qualify for the exemption sta	ted in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR