

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 282879

FILED  
Jan 15, 2004  
Secretary of State

Entity Name: TERRY'S AUTO SUPPLY, INC.

## Current Principal Place of Business:

524 NORTH DIXIE HIGHWAY  
P.O.BOX 467  
HOLLYWOOD, FL 330227467

## New Principal Place of Business:

## Current Mailing Address:

524 NORTH DIXIE HIGHWAY  
P.O.BOX 467  
HOLLYWOOD, FL 330227467

## New Mailing Address:

FEI Number: 59-1055276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINK, STEPHEN W.  
524 N. DIXIE HWY  
HOLLYWOOD, FL 33020

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: FINK, VIVIAN,  
Address: 1229 CORAL LANE  
City-St-Zip: HOLLYWOOD, FL

Title: PD ( ) Delete  
Name: FINK, STEPHEN,  
Address: 14105 SHERIDAN ST  
City-St-Zip: FT. LAUDERDALE, FL

Title: VD ( ) Delete  
Name: LEVY, HOWARD,  
Address: 524 N DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL

Title: SD ( ) Delete  
Name: FINK, JUDY C.,  
Address: 14105 SHERIDAN ST.  
City-St-Zip: FT.LAUDERDALE, FL

Title: TD ( ) Delete  
Name: EVANS, INGRED  
Address: 524 N DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN W. FINK

PD

01/15/2004

Electronic Signature of Signing Officer or Director

Date