2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90075 045 ***150.00

DOCUMENT # P02000042232

1. Entity Name
GARAGE DOCTORS, INC.

Principal Place of Business	Mailing Address
6927 RIVERSEDGE STREET CIRCLE BRADENTON, FL 34202	6927 RIVERSEDGE ST. CIRCLE BRADENTON, FL 34202

02282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2823 Dick Wilson Drive		2823 Dick Wilson Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, Fl.		City & State: Sarasota, Fl.	
Zip: 34240	Country: USA	Zip: 34240	Country: USA

4. FEI Number: 04-3673702 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, SAM
6927 RIVERSEDGE ST. CIRCLE
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2823 Dick Wilson Drive
City: Sarasota FL Zip Code: 34240

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: S. Lucas (signature) DATE: 10 March. 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LUCAS, SAM		NAME		
STREET ADDRESS	6927 RIVERSEDGE ST. CIRCLE		STREET ADDRESS	2823 Dick Wilson Drive	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Sarasota, Fl. 34240	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: S. Lucas (signature) S. Lucas President 10 March. 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #