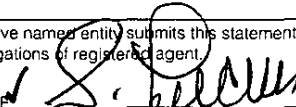
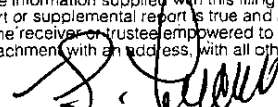


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 6927 RIVERSEDGE STREET CIRCLE BRADENTON, FL 34202			Mailing Address 6927 RIVERSEDGE ST. CIRCLE BRADENTON, FL 34202		
2. Principal Place of Business 2823 Dick Wilson Drive		3. Mailing Address 2823 Dick Wilson Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 04-3673702	
Zip 34240		Country USA		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:  DATE: 10 March 04					
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	NAME LUCAS, SAM		☐ Delete		
STREET ADDRESS 6927 RIVERSEDGE ST. CIRCLE	CITY-ST-ZIP BRADENTON, FL 34202		TITLE 2823 Dick Wilson Drive	☒ Change ☐ Addition	
STREET ADDRESS 2823 Dick Wilson Drive	CITY-ST-ZIP Sarasota, FL 34240		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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 President 10 March 04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					