

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90041 033 ***158.75

DOCUMENT # P03000147103

1. Entity Name
TOOL DOCTOR OF CENTRAL FLORIDA, INC.



Principal Place of Business
1825 N MAGNOLIA AVE
OCALA, FL 34475

Mailing Address
1825 N MAGNOLIA AVE
OCALA, FL 34475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0460043

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRIS C
1825 N MAGNOLIA AVE
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, CHRIS C
STREET ADDRESS 1825 N MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34475 ☐ Delete

TITLE STD
NAME SMITH, SALLY A
STREET ADDRESS 1825 N MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34475 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

Sally A. Smith

SALLY A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

Date

352-622-5655

Daytime Phone #