

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000062345

1. Entity Name
BRIAN PESSOLANO AUTO REPAIR & SERVICE, INC.



Principal Place of Business
**2327 SE NORMAND ST
STUART, FL 34997**

Mailing Address
**2327 SE NORMAND ST
STUART, FL 34997**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0513642

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PESSOLANO, BRIAN
2327 SE NORMAND ST
STUART, FL 34997**

**DO NOT WRITE
IN THIS SPACE**

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**

**U000000075403
03/03/04-80058-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEESOLANO, BRIAN
STREET ADDRESS	399 SW ASHBY LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	PESSOLANO, JEAN M
STREET ADDRESS	399 SW ASHBY LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**3-1-04 (778)
283-3420**