## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2004 08:00 AM DOCUMENT # P96000009707 **Secretary of State** PERFECTION AUTO REPAIR, INC. Principal Place of Business Mailing Address 4404 NW 13TH STREET 4404 NW 13TH STREET BAY #20 BAY #20 GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 HS No Chg-P CR2E034 (10/03) 01062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3031877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent NUNEZ, JORGE A SR. DO NOT WRITE 4404 NW 13TH ST., BAY #20 GAINESVILLE, FL 32609 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 Again; signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00... After May. 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. RILE NAME NUNEZ, JORGE A STREET ADDRESS 5658 SW 104 TERR U00000028**27**8 02/04/04-80019-009 150.00 CITY-ST-ZP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-SI-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZE THE

.12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/22/04 352-373-3859

**FILED** 

Jorge. A. Newer. A