


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000031256  
 1. Entity Name  
 1ST REQUEST AUTO TOUCH UP & PAINT REPAIR, INC.



Principal Place of Business      Mailing Address  
 696 LINVILLE FALLS DR.      696 LINVILLE FALLS DR.  
 WEST MELBOURNE, FL 32904 US      WEST MELBOURNE, FL 32904 US

**DO NOT WRITE IN THIS SPACE**



02062004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3449122      Not Applicable

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

5. Name and Address of Current Registered Agent  
 HANSEN, GERALD  
 696 LINVILLE FALL DRIVE  
 WEST MELBOURNE, FL 32904

**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 \_\_\_\_\_ (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

U00000085879  
 03/11/04-80057-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANSEN, GERALD L
STREET ADDRESS	696 LINVILLE FALL DRIVE
CITY ST ZIP	WEST MELBOURNE, FL 32904
TITLE	V
NAME	HANSEN, ANA MARIA
STREET ADDRESS	696 LINVILLE FALL DRIVE
CITY ST ZIP	WEST MELBOURNE, FL 32904
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 lists empowered

SIGNATURE: Gerald L Hansen      Date: 3-08-04      Daytime Phone #: 321-917-3805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #