


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000093757
1. Entity Name
T.Q.I. AUTO REPAIR, INC.



Principal Place of Business: 210 BASE AVE, VENICE FL 34285
Mailing Address: 210 BASE AVE, VENICE FL 34285

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
MARTIN, ANGELA
210 BASE AVE
VENICE FL 34285

4. FEI Number: 65-0808726
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: Winnie S Martin (NOTE: Registered Agent signature required when reinstating)
DATE: 02-04-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: MARTIN, JOHN A STREET ADDRESS: 4316 LUBEC AVE CITY-ST-ZIP: NORTH PORT FL 34287
TITLE: D <input type="checkbox"/> Delete	NAME: MARTIN, WINNIE S STREET ADDRESS: 4316 LUBEC AVE CITY-ST-ZIP: NORTH PORT FL 34287
TITLE: DVP <input type="checkbox"/> Delete	NAME: MARTIN, JOHN JR STREET ADDRESS: 125 AIRPORT AVE APT 15 CITY-ST-ZIP: VENICE FL 34285
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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: Winnie S Martin DATE: 02-04-04 DAYTIME PHONE #: 941-485-7039