



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000000987**  
 1. Entity Name  
**SAM'S AUTOMOTIVE SERVICE, INC.**



Principal Place of Business      Mailing Address  
 1948-1 PARENTAL HOME RD.      1948-1 PARENTAL HOME RD.  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216



04232004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number      Applied For  
 59-3551120      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CRIST, PAUL H  
 1948-1 PARENTAL HOME RD  
 JACKSONVILLE, FL 32216

**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 resigning)      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

U00000133472  
 04/27/04-90099-010 150.00

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | PTD                    |
| NAME           | CRIST, PAUL H          |
| STREET ADDRESS | 1931 BIGGERS RD.       |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216 |
| TITLE          | VPSD                   |
| NAME           | CRIST, SONYA J         |
| STREET ADDRESS | 1931 BIGGERS RD        |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216 |
| 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)(f), 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:** *Sonya J Crist*      *Sonya Crist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      *VPS Secretary*  
Date      *4/26/04*      *721 9069*  
Daytime Phone #