

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000055834

1. Entity Name
FERRARA'S GARAGE, INC.



Principal Place of Business
670 S WICKHAM RD
W MELBOURNE, FL 32904

Mailing Address
670 S WICKHAM RD
W MELBOURNE, FL 32904



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0504073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY FERRARA
670 S. WICKHAM RD.
W. 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: *Anthony Ferrara*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-04
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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
FERRARA, ANTHONY
670 S WICKHAM RD
W MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/15/04-80024-019 150.00

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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: *Anthony Ferrara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04
Date Daytime Phone #