2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000032975

1. Entity Name
FATHER & SON AUTO SERVICE, CORP.

Principal Place of Business	Mailing Address
11 MAGNOLIA STREET DAVENPORT, FL 33837	11 MAGNOLIA STREET DAVENPORT, FL 33837

DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0609563
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PEDRO R
11 MAGNOLIA STREET
DAVENPORT, FL 33837

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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: Pedro R Lopez 4-7-04
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LOPEZ, EUGENIO
STREET ADDRESS	2944 CRYSTAL CREEK BLVD
CITY-ST-ZIP	ORLANDO, FL 34837
TITLE	S
NAME	LOPEZ, ADAL
STREET ADDRESS	2944 CRYSTAL CREEK BLVD
CITY-ST-ZIP	ORLANDO, FL 34837
TITLE	P
NAME	LOPEZ, PEDRO R
STREET ADDRESS	11 MAGNOLIA STREET
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04-80011-023 150.00

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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: Pedro R Lopez PEDRO R. Lopez 4/7/04 863-422-8354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #