

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 296578**

1. Entity Name  
**VAN'S RADIATOR SALES & SERVICE, INC.**



Principal Place of Business  
**935 ST CLAIR STREET  
MELBOURNE, FL 32935**

Mailing Address  
**835 ST CLAIR STREET  
MELBOURNE, FL 32935**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1106982** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TABOR, JAMES C.  
270 ISLE STREET  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**U000000116061  
04/16/04-80049-007 150.00**

**10. OFFICERS AND DIRECTORS**

FILE NAME	<b>P TABOR, JAMES C.</b>
STREET ADDRESS	<b>270 ISLA ST</b>
CITY-STATE-ZIP	<b>MELBOURNE, FL</b>
FILE NAME	<b>ST VAN WINKLE, ROSE T</b>
STREET ADDRESS	<b>11120 S. TROPICAL TRAIL</b>
CITY-STATE-ZIP	<b>MERRITT ISLAND, FL</b>
FILE NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
FILE NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
FILE NAME	
STREET ADDRESS	
CITY-STATE-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:** James C Tabor **James C Tabor** 3/6/04 321 254 7521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #