

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 015 ***150.00

DOCUMENT # 386657

1. Entity Name

HAINES CITY AUTO SUPPLY INC.



Principal Place of Business

905 INGRAHAM AVE
HAINES CITY FL 33844
US

Mailing Address

905 INGRAHAM AVE
HAINES CITY FL 33844
US

44004001



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1356665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYES, LAWRENCE R
905 INGRAHAM AVE.
HAINES FL 33844

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

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

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: PRESIDENT ☐ Delete
NAME: MAYES, LAWRENCE R.
STREET ADDRESS: 3300 E PRYOR RD
CITY-ST-ZIP: HAINES CITY, FL 33844

TITLE: VICE PRESIDENT ☐ Delete
NAME: MAYES, GORDON D
STREET ADDRESS: USA AAD BUILDING 154
CITY-ST-ZIP: FT. IRWIN, CA 92310

TITLE: SECRETARY/TREASURER ☐ Delete
NAME: MAYES, SARETA L.
STREET ADDRESS: 3300 E PRYOR RD
CITY-ST-ZIP: HAINES CITY, FL 33844

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 *Lawrence R. Mayes* LAWRENCE R. MAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 21, 2004

Date

863-422-4957

Daytime Phone #