

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90186 011 ***150.00

DOCUMENT # 463156

1. Entity Name

JIM CLAMPETT'S AUTO SERVICE'S INC.



Principal Place of Business

3282 US HWY 90 W.
LAKE CITY, FL 32055 US

Mailing Address

3282 US HWY 90 W.
LAKE CITY, FL 32055 US

44047440



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1553723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAMPETT, JAMES L
3282 W. U.S. HWY. 90
LAKE CITY, FL 32055

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CLAMPETT, JAMES L
STREET ADDRESS	3282 W. US HWY 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	PS
NAME	CLAMPETT, DONNA K
STREET ADDRESS	15624 -45TH DR.
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	VP
NAME	CLAMPETT, JAMES C
STREET ADDRESS	3282 W. US HWY 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-02-04 386.752.1591

Date

Daytime Phone #