



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00-AM
Secretary of State

1. Entity Name LIKIS AUTO SERVICE CENTER, INC.	507250 
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Principal Place of Business 5675 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503-2010	Mailing Address 5675 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503-2010
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DO NOT WRITE IN THIS SPACE



01062004

4. FEI Number 59-1692113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

6. Name and Address of Current Registered Agent

**PANYKO, JOHN A
200 S TARRAGONA ST
PENSACOLA, FL 32501**

**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 _____
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. <input type="checkbox"/> \$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST LIKIS, ROBERT A. 5675 N. DAVIS HWY PENSACOLA FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SOMER, DIANE L 5675 N DAVIS HWY PENSACOLA, FL
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02/06/04-80157-002 150.00

**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:  **2-4-04** **850-477-9480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #