2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90037 033 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # 616143

1. Entity Name
BILL'S AUTOMOTIVE REPAIR OF BOYNTON BEACH, INC.

Principal Place of Business	Mailing Address
425 NE 4TH ST BOYNTON BEACH FL 33435	532 SE 28TH AVE 23B BOYNTON BEACH FL 33435

2. Principal Place of Business	3. Mailing Address
	532 SE. 28th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 23B
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1946878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEGSTROM, WILLIAM JR
425 NE 4TH ST
BOYNTON BEACH FL

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEGSTROM, WILLIAM JR		NAME	
STREET ADDRESS	425 NE 4TH ST		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEGSTROM, KELLY		NAME	
STREET ADDRESS	425 N.E. 4TH STREET		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] PRESIDENT William Hegstrom Jr. 2-4-04 561-737-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #