

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 618330

1. Entity Name
CENTRAL AUTO REFINISHING SUPPLY, INC.



Principal Place of Business 1025 E. OLEANDER ST P.O. DRAWER 3527 LAKELAND, FL 33801	Mailing Address 1025 E. OLEANDER ST P.O. DRAWER 3527 LAKELAND, FL 33801
---	---

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1927713	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MULLIS, HAROLD W JR
2600 FIRST FLORIDA TOWER
TAMPA, FL**

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 registration)

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
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMPBELL, JAMES K 215 BELVEDERE CHARLEVOIX, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, TIMOTHY J 4925 LIBERTY LN LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELCH, MARLA 4925 LIBERTY LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELCH, ANNE 1925 DELCREST LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000131305
04/26/04-80149-006 150.00

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: *Timothy J. Welch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR