

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # F16313

1. Entity Name  
PLYLAR'S BODY SHOP, INC.



Principal Place of Business  
1660 E. IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34744 US

Mailing Address  
PO BOX 421239  
KISSIMMEE, FL 34742-1239 US

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2066445

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PLYLAR, CHARLES W  
1660 E. IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34744

**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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
PLYLAR, CHARLES W  
4661 ANDERSON RD.  
KISSIMMEE, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PLYLAR, RUTH E  
2512 N BEAUMONT AVE  
KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
PLYLAR, PAMELA G  
4661 ANDERSON RD  
KISSIMMEE, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000086361  
03/12/04-80019-013 150.00

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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: Charles W. Plylar, V.P. 2-9-04 407 846 2865