## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # F52305

1. Entity Name

150 43RD AVE

Principal Place of Business

VERO BCH, FL 32968

DON'S IMPORT AUTO SERVICE, INC.



. . . Mailing Address

150 43RD AVE

VERO BCH, FL 32968



**FILED** 

Apr 06, 2004, 08:00 AM Secretary of State

03252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2135286 Applied For

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MEEKS, DONALD F 150 43RD AVE

## DO NOT WRITE

VERO BC	H, FL 32968				THIS SPAC	<b>E</b>
the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. 1 a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE, Registered Age	int signature	required when reinstating)	DAT	
File NOWIII 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	04/06/ <b>04</b> -880;	773 25-003 150.00
10.	OFFICERS AND DIREC	TORS			1	<del>- nestation - site diseases -</del>
THE NAME STREET ADDRESS CRY-ST-ZP	PDT MEEKS, DONALD F 150 43RD AVE VERO BCH, FL 00000,				Sign is not in the control of the co	
TITLE NAME STREET ADDRESS CATY-ST-ZEP				i i i i i i i i i i i i i i i i i i i	About Specific and Control of the Co	
TITLE NAME STREET ADDRESS CATY-SI-ZIP				DO	NOT WRIT	**************************************
TITLE NAME STREET ADDRESS CITY - ST- ZIP					THIS SPAC	* * · · · · · · · · · · · · · · · · · ·
THTLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY_ST_TIP		7				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Doald F Meels SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR