

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90034 015 ***150.00

DOCUMENT # F72569

1. Entity Name
AUTO ANALYST AND REPAIR, INC.



Principal Place of Business
7755 W. HOMOSASSA-TRAIL
HOMOSASSA, FL 34448

Mailing Address
7755 W. HOMOSASSA-TRAIL
HOMOSASSA, FL 34448

94030080



DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2182808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIPPS, BARNEY LEE, JR
7755 W. HOMOSASSA TRAIL
HOMOSASSA, FL 34448

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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
VST
FIPPS, JEANETTE C
2761 WOODBINE AVE
HOMOSASSA, FL 00000, *34448*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FIPPS, BARNEY LEE
2761 WOODBINE AVE
HOMOSASSA, FL 00000, *34448*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FIPPS, JEANETTE C
2761 WOODBINE AVE
HOMOSASSA, FL 00000, *34448*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

JEANNETTE C. FIPPS
Jeannette C. Fipps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04
Date

352-628-3062
Daytime Phone #