

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90012 008 ***550.00

DOCUMENT # F93000004427

1. Entity Name

NATIONAL FACILITIES CORP.



Principal Place of Business

C/O ANDREW L. BREECH, DEALER OPERATIN
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA CA 90403

Mailing Address

C/O ANDREW L. BREECH, DEALER OPERATIN
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA CA 90403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-1990905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD., SUITE 200
TAMPA FL 33602

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 PD ☐ Delete
NAME BREECH, E. ROBERT JR.
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME BREECH, ANDREW L
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WOODS, BRIAN R
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP SANTA MONICA CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HAENSLI, RICHARD A
STREET ADDRESS 16191 FROST ROAD
CITY-ST-ZIP CALDWELL ID

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASD ☒ Delete
NAME ARGUE, JOHN C ESQ.
STREET ADDRESS 801 S FLOWER STREET
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Brian R. Woods

Brian R. Woods, Treasurer

National Facilities Corp. 08/26/04 310/828-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #