

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97391

Entity Name: AUTO CLINIC OF STUART, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

% JOHN L. CAMPBELL
259 N.W. DIXIE HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

% JOHN L. CAMPBELL
259 N.W. DIXIE HIGHWAY
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2157888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JOHN L.
259 N.W. DIXIE HIGHWAY
STUART, FL 34994

Name and Address of New Registered Agent:

CAMPBELL, JOHN L.
3370 S.W. 75TH
STUART, FL 34994

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMPBELL, JOHN L.
Address: 3370 SW 75TH AVE
City-St-Zip: PALM CITY, FL

Title: S () Delete
Name: BAKER, JEFFERY R.
Address: 1622 S.E. COLLETTE CT.
City-St-Zip: PT ST LUCIE, FL 34952

Title: T (X) Delete
Name: MULHOLLAND, TED
Address: 1452 SW IRVING ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Delete
Name: PKIDGER, WILLIAM B
Address: PO BOX 343
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CAMPBELL, JOHN L.
Address: 3370 SW 75TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: S&T (X) Change () Addition
Name: CAMPBELL, SHARON L.
Address: 3370 S.W. 75TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. CAMPBELL

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date