

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90233 016 ***150.00

DOCUMENT # F97716

1. Entity Name
AL SWEENEY'S AUTO REPAIR, INCORPORATED



Principal Place of Business Mailing Address
1418 S HOPKINS AVE 1418 S HOPKINS AVE
TITUSVILLE, FL 32780-4288 US TITUSVILLE, FL 32780-4288 US

14010935



2. Principal Place of Business 3. Mailing Address

02112004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-2220098 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, STEVEN
1418 SOUTH HOPKINS AVENUE
TITUSVILLE, FL 32780

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 \$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 VP
NAME **SWEENEY, DENNIS** ☐ Delete
STREET ADDRESS **1418 SO HOPKINS AVENUE**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE PD
NAME **SWEENEY, STEVEN** ☐ Delete
STREET ADDRESS **1418 SO HOPKINS AVENUE**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE S
NAME **SWEENEY, DONNA** ☐ Delete
STREET ADDRESS **1418 SOUTH HOPKINS AVENUE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE T
NAME **SWEENEY, LISA** ☐ Delete
STREET ADDRESS **1418 SOUTH HOPKINS AVENUE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04 381-268-0200