


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G84898</b>	
1. Entity Name <b>YORK'S AUTO SERVICE, INC.</b>	
	
Principal Place of Business <b>1818 FRANKFORD AVE PANAMA CITY, FL 32405</b>	Mailing Address <b>C/O CLYDE YORK 1716 ARTHUR AVENUE PANAMA CITY, FL 32405</b>



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2371987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>YORK, CLYDE 1716 ARTHUR AVENUE PANAMA CITY, FL 32405</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000111447 04/13/04-80017-015 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>YORK, CLYDE WADE 1716 ARTHUR AVE PANAMA CITY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>YORK, HELEN J. 1716 ARTHUR AVENUE PANAMA CITY, FL</b>
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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: <i>Helen J. York</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>4-12-04</b> <b>850-285-2801</b> Date Daytime Phone *