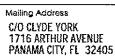
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

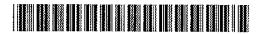
## **DOCUMENT # G84898**

1. Entity Name YORK'S AUTO SERVICE, INC.

Principal Place of Business 1818 FRANKFORD AVE PANAMA CITY, FL 32405



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



DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For
59-2371987	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

CR2E034 (10/03)

Fee Required

6. Name and Address of Current Registered Agent

YORK, CLYDE 1716 ARTHUR AVENUE PANAMA CITY, FL 32405

## DO NOT WRITE IN THIS SPACE

02122004

			IN THIS SPACE		
	named entity submits this statement for the plants of registered agent.	rurpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title to	if applicable (NOTE Registered A	gent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution,		\$5.00 May Be Added to Fees	U00000111447 04/13/04-80017-015 150.00
18.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YORK, CLYDE WADE 1716 ARTHUR AVE PANAMA CITY, FL				
TITLE MAME SIRREET ADDRESS CITY-SI-ZIP	ST YORK, HELEN J. 1716 ARTHUR AVENUE PANAMA CITY, FL				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
Table Name Street address Ony-St-Zip				IN '	THIS SPACE
ITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby (	certify that the information supplied with this fill	ling does not qualify for the exemp	tion state	d in Section 119.07(3)	(i), Florida Statutes, I further certify that the information

12. Hereby certify that the information supplied with this filling 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 HAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone \*