

ANNUAL REPORT

DOCUMENT # G92854

1. Entity Name
ELECTRO-BAKE AUTO PAINTING CORPORATION OF HUDSON



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 011 ***150.00

Principal Place of Business
12623 U.S. 19
HUDSON, FL 34667-1955

Mailing Address
12623 U.S. 19
HUDSON, FL 34667-1955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2412244

Applied For
Not Applicable

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

CLARK, CHAD
7497 OAK TREE LN.
SPRING HILL, FL 34607

Name
CHAD E CLARK
Street Address (P.O. Box Number is Not Acceptable)

7497 OAK TREE LANE
City
SPRING HILL FL Zip Code
34607

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLARK, GARY ☐ Delete
STREET ADDRESS 9281 BELVEDERE ST.
CITY-ST-ZIP SPRING HILL, FL

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

TITLE VTS
NAME CLARK, PAMELA ☐ Delete
STREET ADDRESS 9281 BELVEDERE ST.
CITY-ST-ZIP SPRINGHILL, FL

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

TITLE T
NAME CLARK, CHAD ☐ Delete
STREET ADDRESS 7497 OAKTREE LN.
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE ☐ Change ☐ Addition
NAME CHAD CLARK
STREET ADDRESS 7497 OAK TREE LANE
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Pamela Clark

4-4-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #