

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90085 012 \*\*\*150.00

**DOCUMENT # H10919**

1. Entity Name

LIVE OAK AUTO SUPPLY, INC.



Principal Place of Business

740 DARROW AVE  
LIVE OAK FL 32064  
US

Mailing Address

740 DARROW AVE  
LIVE OAK FL 32064  
US

44004239



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2396874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REWIS JAMES E  
407 S DOWLING AVE  
LIVE OAK FL 32064

7. Name and Address of New Registered Agent

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REWIS, JAMES E.	
STREET ADDRESS	740 DARROW AVE.	
CITY - ST - ZIP	LIVE OAK FL 32064	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DICKINSON, RIN	
STREET ADDRESS	<del>RT 7 BOX 260</del> 17308 CR 136	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DICKINSON, ESTELLE	
STREET ADDRESS	<del>RT 7 BOX 260</del> 17308 CR 136	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REWIS, GLENDA F.	
STREET ADDRESS	740 DARROW AVE.	
CITY - ST - ZIP	LIVE OAK FL 32064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*James E. Rewis, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/04 (386) 362-1274  
Date Daytime Phone \*