

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H37969**

1. Entity Name  
GATOR BODY SHOP & WELDING, INC.



Principal Place of Business

1508 GRAND BLVD  
HOLIDAY, FL 34690 US

Mailing Address

1508 GRAND BLVD  
HOLIDAY, FL 34690 US



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2490926

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ASHCRAFT, LEONARD D.  
1508 GRAND BLVD  
HOLIDAY, FL 34690

**DO NOT WRITE  
IN THIS SPACE**

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**

U000000040676  
02/09/04-80058-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ASHCRAFT, LEONARD D.  
STREET ADDRESS 5527 GOLDEN NUGGET DRIVE  
CITY-ST-ZIP HOLIDAY, FL

TITLE STD  
NAME ASHCRAFT, MARY LOU  
STREET ADDRESS 5527 GOLDEN NUGGET DRIVE  
CITY-ST-ZIP HOLIDAY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

MARY LOU ASHCRAFT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-02-04 (727) 938-6811