2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9220 137TH STREET NORTH SEMINOLE FL 33776

3. Mailing Address

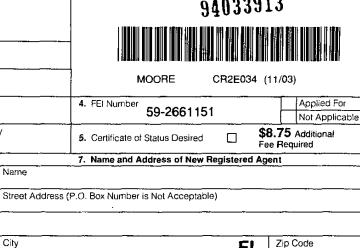
City & State

Suite, Apt. #, etc.

DOCUMENT # H99153 1. Entity Name OAKHURST PLAZA AUTO SERVICE CENTER, INC. Principal Place of Business Mailing Address



94033913



DATE

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.

11.

Country

Name

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

PIPER, LUDIN, HOWIE & WERNER, P.A.

WERNER, SIDNEY ESQ

5720 CENTRAL AVE. ST, PETERSBURG FL 33707

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

9220 137TH STREET NORTH

2. Principal Place of Business

SEMINOLE FL 33776

Suite, Apt. #, etc.

City & State

Zip

10.

TITI E

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9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

STREET ADDRESS	SLOBODKIN, WILLIAM 9220 137TH STREET NORTH SEMINOLE FL 33776	Delete	NAME STREET ADDRESS CITY-ST-ZIP	L	J Criange	ADDITION
NAME STREET ADDRESS	STD SLOBODKIN, SUSAN 9220 137TH STREET NORTH SEMINOLE FL 33776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susta SCOBODKINS

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