


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # K29447 1. Entity Name GULLOTTA'S AUTO BODY OF ENGLEWOOD, INC.	
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Principal Place of Business 6506 SAN CASA DR ENGLEWOOD, FL 34224	Mailing Address 6506 SAN CASA DR ENGLEWOOD, FL 34224
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03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0062663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHERR, S. SY AYN KASEF CORPORATION 523 S. WASHINGTON BLVD. SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when reconstituting) 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

U00000101080
04/01/04-80033-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MULLER, CHRISTINA 6506 SAN CASA DRIVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MULLER, CHRISTINA 6506 SAN CASA DRIVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MULLER, CHRISTINA 6506 SAN CASA DR ENGLEWOOD, FL
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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)(f), 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: Christina Muller CHRISTINA MULLER 3/24/04 941-475-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #