2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K61334

1. Entity Name
COMPLETE AUTOMOTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
4480 DOMESTIC AVENUE NAPLES, FL 34104	4480 DOMESTIC AVENUE NAPLES, FL 34104

01222004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0110383		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, A. ERIC
350 FIFTH AVE. SOUTH, SUITE 200
NAPLES, FL 34102

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

U000000113575
04/15/04--80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTV	
NAME	LOBDELL, DAVID	
STREET ADDRESS	4480 DOMESTIC AVENUE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	
NAME	LOBDELL, DAVID	
STREET ADDRESS	4480 DOMESTIC AVENUE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: _____   4-13-04   239-643-5633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #