## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # L48934 1. Entity Name 04-12-2004 90664 031 \*\*\*150.00 CHUCK'S AUTO SERVICE & M.C. REPAIR INC. Principal Place of Business Mailing Address 450 NIEMAN AVENUE-MELBOURNE FL 3290T 2200 SEMINOLE BLVD -W. MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address 1612 Same 1612 N. Harbour Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2988553 Meihourne Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISENCIA **EISENRING, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 225 SEMINOLE BLVD: W: MELBOURNE FL 32904 8. The above named entity submits this statement for the purpose of changing its registered office or egis ged agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition Delete Charles ELSENFING NAME . EISENRING, CHARLES NAME 3005 Ranch Rd. 225 SEMINOLE BLVD. STREET ADDRESS STREET ADDRESS W. MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP Melbourne D Delete TITLE THE Change ☐ Addition Essenning Jan J 3005 Ranch Rd. EISENRING, JAN J. NAME NAME STREET ADDRESS 225 SEMINOLE BLVD. STREET ADDRESS W. MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP W.Melbourne TITLE ☐ Delete TITLE Change ☐ Addition NAME-NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 trostee 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.

FILED

Charles Eisenring 4-5-04321-757-8000