


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L68176	
1. Entity Name HI-TECH AUTOMOTIVE OF TALLAHASSEE, INC.	

Principal Place of Business 1031 SOUTH MAGNOLIA DRIVE TALLAHASSEE, FL 32301 US	Mailing Address 1031 SOUTH MAGNOLIA DRIVE TALLAHASSEE, FL 32301 US
--	--

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3009779	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 PEAVY, WAYNE L. 11074 PENNEWAW TRACE TALLAHASSEE, FL 32311	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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000105000 04/07/04-80005-021 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEAVY, WAYNE L. 11074 PENNEWAW TRACE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEAVY, C PATRICIA 11074 PENNEWAW TRACE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEAVY, WENDY L. 11074 PENNEWAW TRACE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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:  CPPEAVY	Date: 4/5/04	Daytime Phone #: 850-385-4411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		