

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 044 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L85808

1. Entity Name
SANTA ROSA AUTO SERVICE, INC.



Principal Place of Business
5404 STEWART ST
MILTON, FL 32570 US

Mailing Address
5404 STEWART ST
MILTON, FL 32570 US

24066257



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3015951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, JUDY A.
102 NE STEWART ST
MILTON, FL 32570

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking.)

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARVEY, BRADLEY D.
STREET ADDRESS	102 NE STEWART ST
CITY- ST- ZIP	MILTON, FL
TITLE	D
NAME	HARVEY, JUDY A.
STREET ADDRESS	102 NE STEWART ST
CITY- ST- ZIP	MILTON, FL
TITLE	VST
NAME	HARVEY, JUDY A.
STREET ADDRESS	102 NE STEWART ST
CITY- ST- ZIP	MILTON, FL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 850 623 1698
Date Day/In Phone