## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 08, 2004 08:00 AM DOCUMENT # M52089 **Secretary of State** HARRY'S AUTO REPAIR, INC. Principal Place of Business Mailing Address % HARRY HORLICK % HARRY HORLICK 1148 SOUTH DIXIE HWY 1148 SOUTH DIXIE HWY HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 03042004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2815162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent HORLICK, HARRY DO NOT WRITE 1148 SOUTH DIXIE HWY HOLLYWOOD, FL 33020 IN THIS SPACE 1. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE U00000080822 03/08/04-80125-001 150.00 HORLICK, KENNETH MAME STREET ADDRESS 1140 SOUTH DIXIE HWY CITY-ST-ZIP HOLLYWOOD, FL TITLE ST NAME HORLICK, WAYNE STREET ADDRESS 1140 SOUTH DIXIE HWY CITY-ST-ZP HOLLYWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 attaction with an address, with all other like empowered.

SIGNATURE:

TITLE MAME STREET ADDRESS CITY-ST-ZIP ΠILF

STREET ADDRESS CITY-ST-ZP

INTED NAME OF SIGNING OFFICER OR DIRECTOR