## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9800005447				05-03-2004 90766 038 ****61.25		
Entity Name     CHRISTIAN AUTOMOTIVE REPAIR SUPPORT, INC.						
Principal Place of Business Mailing Address 4650 EAST HWY.20 4650 EAST HWY.20 NICEVILLE, FL 32578 NICEVILLE, FL 32578			141	118013		
2. Principal Place of Business	3. Mailing Address					
1605A N. PARTIN DR P.O. L		236			III BBUI BBIBI BIIII BIBU BIBU 483 -	IIII II III
Suite, Apt. #, etc. P.O. Box 236	Suite, Apt. #, etc.		03022004 C	hg-NP	CR2E037 (10/03)	
City & State  NICEVILLE, FL	City & State  NICE VILLE	.FL	4. FEI Number 59-353862	20	<del></del>	oplied For
Zip Country	Zip	Country	5. Certificate of S	-	□ \$8.75 Add	ditional
32588-0236  6. Name and Address of Current	32568-0236 Registered Agent	OKALOOSA	7. Name and Ado	<u> </u>	Fee Require	d · · · ~
		Name	Hallo alla Aa	,	logistered Agent	
FLEET, H.BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SHALIMAR, FL 32579-0000	•					
i i i i i i i i i i i i i i i i i i i		City	FL Zip Code			
8. The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or both, in	the State of FI	orida. I am familiar with,	and accept
SIGNATURE			•			
Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)		DATE	
	9. Election Ca	E: Registered Agent signature mpaign Financing Contribution.	\$5.00 May Be		DATE  flake check payable to rida Department of Si	
Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable t	tate
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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 617, 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:

Source L. Lellnit BRUCE , SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE L. PELLNITZ

4/29/04

(850) 897-3378

Daytime Phone