

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90396 037 ***150.00

DOCUMENT # P00000027845

1. Entity Name

L-CHRISTIAN AUTO, INC.



Principal Place of Business

3250 KATHLEEN RD
LAKELAND FL 33809

Mailing Address

307 S BOGER BLVD
LAKELAND FL 33803-4432

2. Principal Place of Business

Hwy 19-98 - P.O. Box 1266

Suite, Apt. #, etc.

3. Mailing Address

307 S. Boger Blvd

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CROSS City FL

City & State

LAKELAND FL

4. FEI Number

59-3633122

Applied For

Not Applicable

Zip

32628

Country

DIXIE

Zip

33803

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADSHAW, HULENA G
307 S BOGER BLVD
LAKELAND FL 33803-4432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BRADSHAW, HULENA G
STREET ADDRESS 307 S BOGER BLVD
CITY-ST-ZIP LAKELAND FL 33803-4432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Lena Bradshaw* - LENA BRADSHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

863-680-1800

Daytime Phone #