

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90058 024 ***150.00

DOCUMENT # P00000029447

1. Entity Name

A & J AUTOMOTIVE GROUP, INC.



Principal Place of Business

1460 S. MISSOURI AVE.
CLEARWATER, FL 33756

Mailing Address

1460 S. MISSOURI AVE.
CLEARWATER, FL 33756



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3631789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASCARELLA, KELLY L
1460 S. MISSOURI AVE.
CLEARWATER, FL 33756

**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 reinstating)

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	D
NAME	LYNN, RAYMOND L
STREET ADDRESS	1460 S. MISSOURI AVE.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	NASCARELLA, KELLY L
STREET ADDRESS	1460 S. MISSOURI AVE.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	NASCARELLA, PETER M
STREET ADDRESS	1460 SOUTH MISSOURI AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	HARRISON, KEITH
STREET ADDRESS	1460 S MISSOURI AVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]

KELLY L. NASCARELLA

3/3/2004

727-462-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #