

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90014 034 ***150.00

DOCUMENT # P00000030285

1. Entity Name

CNJ AUTO REPAIR, INC.



Principal Place of Business

5380 S ORANGE AVE #6
ORLANDO FL 32809

Mailing Address

5380 S ORANGE AVE #6
ORLANDO FL 32809

54018467



MOORE CR2E034 (11/03)

2. Principal Place of Business

3100 S. ORANGE AVE

Suite, Apt. #, etc.

ONE TO

3. Mailing Address

3100 S. ORANGE AVE

Suite, Apt. #, etc.

ONE FL

City & State.

ORL FL

City & State

ORL FL

4. FEI Number

59-3408182

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

32806

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANGMANN, THOMAS M
5132 CONTOURA DR.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 1, 04

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

TITLE	T	<input type="checkbox"/> Delete
NAME	LANGMANN, THOMAS M	
STREET ADDRESS	5132 CONTOURA DR	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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:

Thomas Langmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1, 04

DATE

3212292041

DAYTIME PHONE #