2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000039316

1. Entity Name
NORTH FLORIDA LUBE SYSTEMS, INC.

Principal Place of Business
13906 164TH ST.
MCALPIN, FL 32062

Mailing Address
P.O. BOX 74
DAY, FL 32013

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3639796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOWRY BROWN, LUCINDA
13906 164TH ST.
MCALPIN, FL 32062

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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 ____________________

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	PRES
NAME	BROWN, LUCINDA M PRES
STREET ADDRESS	13906 164 ST.
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: Lucinda M Brown LUCINDA M. BROWN 4/29/04 3867761643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #