


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90563 050 ***150.00

DOCUMENT # P00000041916					
1. Entity Name ROB'S AUTOMOTIVE OF INDIAN HARBOUR BEACH, INC.					
Principal Place of Business 138 TOMAHAWK DR INDIAN HARBOUR BEACH FL 32937			Mailing Address 622 N. HEDGE COCK ST SATELLITE BEACH FL 32937		
2. Principal Place of Business 622 N. HEDGE COCK SQ Suite, Apt. #, etc. SATELLITE BEACH, FL City & State		3. Mailing Address 622 N. HEDGE COCK SQ Suite, Apt. #, etc. SATELLITE BEACH, FL City & State			
Zip 32937	Country USA	Zip 32937	Country	4. FEI Number 59-3642072 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCHILLINGER, CHARLES A-ESQ - 1329 BEDFORD DR., STE. 1 MELBOURNE FL 32940	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHANN, ROBERT JOHN SR 622 N HEDGE COCK SQ SATELLITE BEACH FL 32937		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert J. Suthann SR.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ROBERT J. SUTHANN SR. 4/21/2004 (321) 777-6959 Date Daytime Phone #		



MOORE CR2E034 (11/03)