


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91066 022 ***150.00

DOCUMENT # P00000042098	
1. Entity Name I G W T REPAIR SERVICE INC	

Principal Place of Business 8808 FLORIDA ROCK RD. 302 ORLANDO, FL 34824 US	Mailing Address 615 ROBERTS RISE DR. OCOE, FL 34761 US
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2. Principal Place of Business 965 TAFT-VINELAND Rd Suite, Apt. #, etc. #107 City & State Orlando FL Zip 32824 Country USA	3. Mailing Address 965 TAFT-VINELAND Rd Suite, Apt. #, etc. #107 City & State Orlando FL Zip 32824 Country USA
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04302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3637657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEHL, MILTON F 615 ROBERTS RISE DR. OCOE, FL 34761	
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 reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE DIEHL, MILTON F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIEHL, MILTON F		NAME	
STREET ADDRESS 615 ROBERTS RISE DR.		STREET ADDRESS	
CITY-ST-ZIP OCOE, FL 34761		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, JAY M		NAME	
STREET ADDRESS PO BOX 22468		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32830		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Milton Diehl 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #