

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P00000083707 1. Entity Name NEW IMAGE AUTOMOTIVE, INC. | | | | | |
| Principal Place of Business 2903 CENTRAL AVENUE ST. PETERSBURG FL 33713 | | | Mailing Address 2903 CENTRAL AVENUE ST. PETERSBURG FL 33713 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FCI Number 59-3668978 <div style="float: right;"> <input type="checkbox"/> Applied Fee <input type="checkbox"/> Not Applied </div> | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M ESQ. 590 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Added to Fee | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GAINER, HERBERT 2903 CENTRAL AVENUE ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BRIDGES, SCOTT J 2903 CENTRAL AVENUE ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SHAW, TINA B 12407 92ND TERRACE N SEMINOLE FL 33772 | <input type="checkbox"/> Delete | | | |
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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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Tina B Shaw</i> <i>Tina B Shaw</i> <i>1/21/04</i> <i>727 322 1637</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



MOORE CR2E034 (11/03)

4. FCI Number **59-3668978** ☐ Applied Fee ☐ Not Applied

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

FUCHS, LAWRENCE M ESQ.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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SIGNATURE: *Tina B Shaw* *Tina B Shaw* *1/21/04* *727 322 1637*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #