

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90017 026 ***150.00

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1. Entity Name

DANNY'S REPAIR SERVICE, INC.

Principal Place of Business

3504 COUNTY RD 675
BRADENTON FL 34211

Mailing Address

3504 COUNTY RD 675
BRADENTON FL 34211

34026525



MOORE CR2E034 (11/03)

2. Principal Place of Business

8004 34th Ave E.

Suite, Apt. #, etc.

3. Mailing Address

8004 34th Ave E.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1069390

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

TAYLOR, LISA M
3504 COUNTY RD 675 E
BRADENTON FL 34211

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME TAYLOR, DANNY D
STREET ADDRESS 3504 COUNTY RD 675
CITY-ST-ZIP BRADENTON FL 34211

TITLE PTD ☐ Delete
NAME TAYLOR, LISA M
STREET ADDRESS 3504 COUNTY RD 675
CITY-ST-ZIP BRADENTON FL 34211

TITLE SD ☐ Delete
NAME TAYLOR, GARY E
STREET ADDRESS 7603 41ST AVE E
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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:

Lisa M. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

941-745-2200

Date

Daytime Phone #