

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 040 ***150.00

DOCUMENT # P01000001800

1. Entity Name

M.J. BURNS MOTORCAR, INC.



Principal Place of Business

**1410 PINEHURST RD
DUNEDIN FL 34698**

Mailing Address

**1410 PINEHURST RD
DUNEDIN FL 34698**

44013811



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3691314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**R.W. HOLJES CPA
PO BOX 494 THE PROFESSIONAL CENTER
DUNEDIN FL 34697-0494**

7. Name and Address of New Registered Agent

Name **THOMAS O. MICHAELS, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
1375 Pinehurst Rd
City **Dunedin** FL **34698**

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

THOMAS O. MICHAELS, ESQ.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/04

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 ☐ Delete
NAME **DP**
STREET ADDRESS **BURNS, MATTHEW J**
CITY-ST-ZIP **1410 PINEHURST RD
DUNEDIN FL 34698**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **BURNS, MARGARET T**
CITY-ST-ZIP **1410 PINEHURST RD
DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew J Burns **MATTHEW J BURNS** **2-13-04** **927**

Date

Daytime Phone #

734-4881