

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033026

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: KINGDOM AUTO REPAIR, INC.

## Current Principal Place of Business:

4301 N. NEBRASKA AVE  
TAMPA, FL 33603

## New Principal Place of Business:

## Current Mailing Address:

4301 N. NEBRASKA AVE  
TAMPA, FL 33603

## New Mailing Address:

FEI Number: 59-3718998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODELPHE, GEEL  
2718 WEST STATE STREET  
TAMPA, FL 33609

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ODOLPHE, GEEL  
Address: 2718 W. STATE ST.  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ODOLPHE, GUERLY  
Address: 2718 WEST STATE STREET  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEEL ODOLPHE

D

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date