


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000042325</b> 1. Entity Name AAA GARAGE, INC.	
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Principal Place of Business P.O.BOX 48070 JACKSONVILLE, FL 32247	Mailing Address P.O.BOX 48070 JACKSONVILLE, FL 32247
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

FRIEDLINE, RODGER J  
1756 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
IN THIS SPACE**

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 rehabating.)

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**

TITLE	PD
NAME	DEAN, LARRY JR
STREET ADDRESS	P.O.BOX 48070
CITY-ST-ZIP	JACKSONVILLE, FL 32247
TITLE	VP
NAME	PEASE, MATTHEW
STREET ADDRESS	PO BOX 48070
CITY-ST-ZIP	JACKSONVILLE, FL 32247
TITLE	S
NAME	STREEPEY, FRANK
STREET ADDRESS	PO BOX 48070
CITY-ST-ZIP	JACKSONVILLE, FL 32247
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000137500  
04/29/04-80039-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

FRANK STREEPEY 4/27/04 9043461266

Date

Daytime Phone #