


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90266 027 ***150.00

DOCUMENT # P01000066839	
1. Entity Name JACK'S REPAIR PLUS, INC.	

Principal Place of Business 9130 NW 44TH CT CORAL SPRINGS FL 33065	Mailing Address 2220 BEARS PKWY MARGATE FL 33063
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2. Principal Place of Business 952 NW 66th Ave	3. Mailing Address 952 NW 66th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Margate FL	City & State Margate FL
Zip 33063	Zip 33063
Country Broward	Country Broward



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent FINKEL, JACOB 9130 NW 44TH CT CORAL SPRINGS FL 33065	
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 JACOB E FINKEL DATE 4/2/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINKEL, JACOB 9130 NW 44TH CT CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JACOB E FINKEL 4/2/04 954-709-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #