2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000084640

1. Entity Name
B&J'S AUTO BODY, INC.

Principal Place of Business	Mailing Address
4017 BAHIA ISLE CIR WELLINGTON, FL 33467	4017 BAHIA ISLE CIR WELLINGTON, FL 33467

DO NOT WRITE IN THIS SPACE

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1128575
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUGUSTE, JONAS
4017 BAHIA ISLE CIR
WELLINGTON, FL 33467

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

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

000000108543
04/12/04-80007-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	AUGUSTE, JONAS
STREET ADDRESS	4017 BAHIA ISLE CIR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 03-16-04 617-549-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #