

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90297 035 ***150.00

DOCUMENT # P01000085417

1. Entity Name

FENDER BENDER AUTO BODY REPAIR, INC.



Principal Place of Business

**5525 PHILLIPS HWY.
JACKSONVILLE FL 32207**

Mailing Address

**5525 PHILLIPS HWY.
JACKSONVILLE FL 32207**

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

59-3742816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEAN PIERRE, MICHEL L. MICHEL L.
10914 SCOTT MILL ROAD
JACKSONVILLE FL 32223**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JEAN-PIERRE, MICHAEL L.
STREET ADDRESS 10914 SCOTT MILL RD.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11570 Derby Forest Dr
CITY-ST-ZIP Jacksonville FL 32258

TITLE S ☐ Delete
NAME JEAN-PIERRE, ANNAIDA R
STREET ADDRESS 10914 SCOTT MILL RD.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11570 Derby Forest Dr
CITY-ST-ZIP Jacksonville FL 32258

TITLE VT ☐ Delete
NAME JEAN PIERRE, MICHEL L.
STREET ADDRESS 10914 SCOTT MILL RD.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11570 Derby Forest Dr
CITY-ST-ZIP Jacksonville FL 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michel L Jean-Pierre

4/29/2004

904-636-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #