


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04-JAN-29 PM 4:29

DOCUMENT # P01000086439 1. Entity Name A-1 REPAIRS, INC., a FL corporation						
Principal Place of Business 2449 SE Dixie Highway Stuart, FL 34996			Mailing Address P.O. Box 1304 Port Salerno, FL 34992			
2. Principal Place of Business 2449 SE Dixie Highway Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1304 Suite, Apt. #, etc.				
City & State Stuart, Florida		City & State Port Salerno, Florida		4. FEI Number 65-1135613 Applied For <input type="checkbox"/> Not Applicable		
Zip 34996 Country USA		Zip 34992 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE LORENZO, TONY 6188 SE RIVERBOAT DRIVE UNIT 936 STUART, FL 34997			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LORENZO, TONY <input type="checkbox"/> Delete 6188 SE RIVERBOAT DRIVE, UNIT 936 STUART, FL 34997			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DE LORENZO, TONY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6188 SE RIVERBOAT DRIVE, UNIT 936 STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Tony De Lorenzo</i>		PRESIDENT		01/12/2004 (772) 263-0529		

1/23/04 90014 042 158-75
 1/22/04 01019 023 750-00
REINSTATEMENT 03-04

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