

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087610

1. Entity Name
AUTODP, INC.



Principal Place of Business
**1765 E NINE MILE RD. STE 1 #260
PENSACOLA, FL 32514**

Mailing Address
**1765 E NINE MILE RD. STE 1 #260
PENSACOLA, FL 32514**



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3742664

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERRY, PRENTISS W
1765 E NINE MILE RD. STE 1 #260
PENSACOLA, FL 32514**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BERRY, PRENTISS W III
1765 E NINE MILE RD. STE 1 #260
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SCOGGINS, TIM
1765 E NINE MILE RD STE 1 #260
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCOGGINS, SABINE
1765 E NINE MILE RD STE 1 #260
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERRY, JENNIFER
1765 E NINE MILE RD STE 1 #260
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000167983
07/23/04-80005-002 550.00

**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)(f), 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:

Prentiss Berry **Prentiss Berry**

7-20-04

850-436-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #