

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000098540

1. Entity Name
E & V COLLISION REPAIR & PAINT CENTER OF
HOLLYWOOD, INC.



FILED

04 JUN 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5712 B FUNSTON ST
HOLLYWOOD, FL 33023

Mailing Address
5712 B FUNSTON ST
HOLLYWOOD, FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1145102

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

RYANT, ELLEN
34 NW 58 AVE
LAUDERHILL, FL 33313

Name Tan S. Palmer
Street Address (P.O. Box Number is Not Acceptable) 5712-B Funston St
City Hollywood FL Zip Code 33023

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 obligations of registered agent.

SURE

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PT
STREET ADDRESS BRYANT, ELLEN
CITY-ST-ZIP 1684 N.W. 58 AVE.
LAUDERHILL, FL 33313

TITLE
NAME 100038355581
STREET ADDRESS 06/28/04-01064-004 **150.00
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME P.T.S
STREET ADDRESS Tan S. Palmer
CITY-ST-ZIP 5712-B Funston St.
Hollywood, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04

934-472-9444