2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000111153

1. Entity Name
BROWARD TRUCK & BODY REPAIR, INC.

Principal Place of Business	Mailing Address
5725 SW 42ND CT.	5725 SW 42ND CT.
DAVIE, FL 33314	DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

54013456

01102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1154469	Not Applicable

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

6. Name and Address of Current Registered Agent

LINDSAY, DELROY J
2400 NW 44TH AVE.
LAUDERHILL, FL 33313

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 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 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LINDSAY, DELROY J
STREET ADDRESS	2400 NW 44TH AVE.
CITY-ST-ZIP	LAUDERHILL, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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:_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #