2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90030 021 ***150.00

DOCUMENT # P01000120996

1. Entity Name
JIM DAY AUTO & TRUCK MAINTENANCE, INC.

Principal Place of Business	Mailing Address
2945 S MILITARY TRAIL WEST PALM BEACH, FL 33415	10285 14TH ST. LANTANA, FL 33462

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / Country	Zip / Country

01000120

02292004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0028681
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUZZO, ROBERT J 1277 NW 170TH TERR. PEMBROKE PINES, FL 33028-1920	Name: James J. Donovan, C.P.A., P.A. Street Address (P.O. Box Address is Not Acceptable): 3830 Jog Rd City: Lake worth FL Zip Code: 33467

6. 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] James J. Donovan, CPA 3-3-04
Name of Individual Signing (Typed or Printed) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAY, JAMES A 7930 ROCKPORT CIRCLE LAKE WORTH, FL 33467	☐ Delete	PD Day, James A. 10285 S. 14th St, Lantana, FL. 33462	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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] 3/1/2004 (561) 248-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date