

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 004 ***150.00

DOCUMENT # P02000026708

1. Entity Name
M & S REPAIR SERVICE, INC.



Principal Place of Business
**33310 CR 468
LEESBURG, FL 34748**

Mailing Address
**33310 CR 468
LEESBURG, FL 34748**

54015647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number
27-0004895

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

**ELLIOTT, MOLLY
33310 CR 468
LEESBURG, FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WHITMAN, MOLLY**
STREET ADDRESS **33310 CR 468**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 43**
STREET ADDRESS **Lake Panasoffkee, FL**
CITY-ST-ZIP **33538**

TITLE **V** ☐ Delete
NAME **WHITMAN, STEVE**
STREET ADDRESS **33310 CR 468**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 43**
STREET ADDRESS **Lake Panasoffkee, FL**
CITY-ST-ZIP **33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #