

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000033319	
1. Entity Name THE DENT HUNTERS, INC.	

Principal Place of Business 6597 BLVD OF CHAMPIONS N LAUDERDALE, FL 33068	Mailing Address 6597 BLVD OF CHAMPIONS N LAUDERDALE, FL 33068
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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3631838	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD 207 DEERFILED BEACH, FL 33442

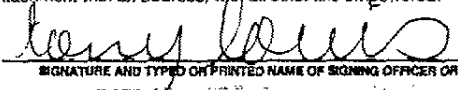
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	1000000150406 05/04/04-80005-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, TONY 6597 BOULEVARD CHAMPION NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, DANIELLE 6597 BOULEVARD CHAMPION NORTH LAUDERDALE, FL 33068
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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: 	4/30/04	Day/Time Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		