2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # P02000044248 1. Entity Name MARK'S AUTO AIR MUFFLER & BRAKES CITY, INC. Principal Place of Business Mailing Address 5100 34 STREET NORTH 5100 34 STREET NORTH ST PETERSBURG, FL 33714 ST PETERSBURG, FL 33714 04172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3050207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENKINS, MARK DO NOT WRITE 3219 FLORIDA BLVD BRADENTON, FL 34207 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, Iyoed or printed name of registered agent and title it apolicable _____(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 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000121909 <u>/21/04-80008-012 150.00</u> 10. OFFICERS AND DIRECTORS TITLE JENKINS, MARK NAME STREET ADDRESS 3219 FLORIDA BLVD BRADENTON, FL 34207 CITY-ST-789 TITLE NAME STREET ADDRESS CITY ST- ZIP HRLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - 7/P IN THIS SPACE TITLE NAME STREET ADDRESS CBY-SI-7/P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Forida 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: X

NAKE STREET ADDRESS GITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

TYPED OF THINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED