

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90073 038 ***150.00

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1. Entity Name

ALLEN'S MOBILE AUTOMOTIVE REPAIR, INC.



Principal Place of Business

651 WASHINGTON AVE
 ORANGE PARK FL 32065

Mailing Address

651 WASHINGTON AVE
 ORANGE PARK FL 32065

44034213



MOORE CR2E034 (11/03)

2. Principal Place of Business

Where a mobile service
 Suite, Apt. #, etc.

3. Mailing Address

4345 Banks Rd (our home)
 Suite, Apt. #, etc.

City & State

Zip

Country

Middleburg FL

32068

Country

USA

4. FEI Number

01-0699470

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, GREGORY A
 651 WASHINGTON AVE
 ORANGE PARK FL 32065

same
 > change of Address

7. Name and Address of New Registered Agent

Name Gregory A Powers

Street Address (P.O. Box Number is Not Acceptable)
 4345 Banks Rd

City Middleburg FL FL Zip Code 32068

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 Deborah S Powers VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP Change of address Delete
 NAME POWERS, GREGORY A
 STREET ADDRESS 651 WASHINGTON AVE 4345 Banks Rd
 CITY-ST-ZIP ORANGE PARK FL 32065 Middleburg FL 32068

TITLE DV Powers, Deborahs Delete
 NAME POWERS, DEBORAH S
 STREET ADDRESS 651 WASHINGTON AVE 4345 Banks Rd
 CITY-ST-ZIP ORANGE PARK FL 32065 Middleburg FL 32068

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Change Addition
 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: Deborah S Powers VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (904)375-1987

DATE

DAYTIME PHONE #