

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098415

1. Entity Name
SUBARU OF PALM BAY, INCORPORATED



Principal Place of Business
**2415 S BABCOCK ST, STE C
MELBOURNE, FL 32901**

Mailing Address
**2415 S BABCOCK ST, STE C
MELBOURNE, FL 32901**



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1044751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KANE, EDWARD F
6929 SE LAKEVIEW TERR
STUART, FL 34996**

**DO NOT WRITE
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, 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

000000100482
114/11/114-81010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, II, ROBERT P
STREET ADDRESS	2415 S. BABCOCK ST., STE B
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	KELLY, GREGORY H
STREET ADDRESS	501-23 STATE ROAD
CITY - ST - ZIP	EASTON, PA 18044
TITLE	VP
NAME	SARCENO, CHRIS B
STREET ADDRESS	544 STATE ROAD
CITY - ST - ZIP	EMMAUS, PA 18049
TITLE	VP
NAME	KOPP, RICHARD A
STREET ADDRESS	2415 S. BABCOCK STREET, STE B
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

610-967-2101

Daytime Phone #