


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 014 ***150.00

DOCUMENT # P02000103286 1. Entity Name FLEET REPAIR, INC.	
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Principal Place of Business 1625 SOUTH MYRTLE AVE. CLEARWATER, FL 33756	Mailing Address 1625 SOUTH MYRTLE AVE. CLEARWATER, FL 33756
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01062004 No Chg-P CR2E034 (10/03)



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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2083246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AFFEMANN, DEONNA 1625 SOUTH MYRTLE AVE. #B CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AFFEMAN, DEONNA 1625 S MYRTLE AVE #B CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK HOLIDAY 1625 SOUTH MYRTLE AVE CLEARWATER FL 33756
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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: Mark Holiday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____