

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118796

FILED
Apr 27, 2004
Secretary of State

Entity Name: SOUTH GEORGIA AUTO REPAIRS, INC.

Current Principal Place of Business:

P.O. BOX 57922
JACKSONVILLE, FL 32257

New Principal Place of Business:

P.O. BOX 57922
JACKSONVILLE, FL 32241 US

Current Mailing Address:

12643 SAND TRAP CT
JACKSONVILLE, FL 32225

New Mailing Address:

7801 POINT MEADOWS DRIVE
UNIT 2202
JACKSONVILLE, FL 32256 US

FEI Number: 86-1051709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPENSCHIED, ROCKY L
12643 SAND TRAP CT.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ESPENSCHIED, ROCKY L
7801 POINT MEADOWS DRIVE
UNIT 2202
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: ROCKY L ESPENSCHIED

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ESPENSCHIED, ROCKY L
Address: 12643 SAND TRAP CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BRANNEN, JAMES R
Address: 4243 KINCARINDE DR.
City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete
Name: STALTER, TIMOTHY L
Address: 2279-3 SEMINOLE RD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: ESPENSCHIED, ROCKY L
Address: 7801 POINT MEADOWS DRIVE, UNIT 2202
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D (X) Change () Addition
Name: BRANNEN, JAMES R
Address: 4243 KINCARINDE DR.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D (X) Change () Addition
Name: STALTER, TIMOTHY L
Address: 2279-3 SEMINOLE RD.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP () Change (X) Addition
Name: SELL, STEVEN W
Address: 10254-1 DENTON RD.
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCKY L ESPENSCHIED

PTSD

04/27/2004

Electronic Signature of Signing Officer or Director

Date