## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 05, 2004 8:00 am Secretary of State

1. Entity Name KOPF'S AUTO REPAIR, INC.						02-23-2004 90	0060 010	***150.	00	
Principal Plac	e of Business	Mailing Address	Mailing Address							
6851 VICKIE CIR UNIT B W MELBOURNE FL 32904		6851 VICKIE CIR UNIT B' W MELBOURNE FL 32904								
2. Principal P	Place of Business	3. Mailing Address			-					
Suite, Apt, #, etc.		Suite, Apt. #, etc.			1	MOORE	CR2E034 (	(11/03)		
City & State		City & State			4. FEI Number 22-388695				oplied For of Applicable	
Zip	Country	Zip	Count		5. C	Certificate of Status Desired		8.75 Add e Required		
	6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New Re	egistered Ag	ent		
				- Name*						
208	LER, ALLEN 7-A SARNO ROAD	· <del>مح</del> بت ویسته حمد دست <u>سترصیت</u>	Street A		ess (P.O. Box Number is Not Acceptable)					
MELBOURNE FL 32935					,	<del></del>				
				City			FL	Zip Cod	9	
8. The above the obliga	named entity submits this statement tions of registered part	for the purpose of changing its	registere	d office or registe	ered age	ent, or both, in the State of Flo			_ 1	
SIGNATURE	Syndrore: Typed or printed name of syndrore and	THE RESIDENCE OF THE PARTY OF T	F Danietora	Agent signature require	ed when or	ineration)	2-9 DATE	04		
en to tomber fine.	Control of the Contro									
Afte	ILE NOW!!! FEE IS \$150.00 r.May 1, 2004 Fee will be \$550.0 k Payable to Florida Department	0 0			į	<ol> <li>9. Election Campaign Fin Trust Fund Contribution</li> </ol>		\$5.0 Added	0 May Be to Fees	
10.	in the control of the properties and the control of	D DIRECTORS	11.			DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	SIN 11	
TITLE	ID STREET	Delete	TITLE			omono, o nanaco to or t		Change	Addition	
NAME	KOPF, ERIC W	المادي المادي	NAME	1			,			
STREET ADDRESS CITY-ST-ZIP	1191 GLENCOVE AVE NW PALM BAY FL 32907		4	ET ADORESS ST-ZIP						
MITE	D	☐ Delete	TITLE			•		Change	☐ Addition	
NAME	KOPF, SHARON M		NAME	<b>:</b>						
STREET ADDRESS CITY-ST-ZIP	1191 GLENCOVE AVE NW PALM BAY FL 32907			ET ADDRESS S1-ZIP						
TITLE		Delete	TITLE	į.		•		Change	Addition	
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STREET ADDRESS	1		- 1	ET ADDRESS					•	
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete	DILE					Change	Addition	
NAME	,		NAME					_ •	_	
STREET ADDRESS			STRE	et address						
CITY-ST-ZIP			CITY	-SI-2#P				<u> </u>		
TITLE	}	☐ Delete	TITLE	- 1			١	Cysuge	Addition	
NAME STREET ADDRESS	1		NAME STREET	ET ADDRESS		•				
CITY-ST-ZIP	}			-ST-ZIP					-	
	certify that the information supplied v	rith this filing does not qualify fo			Section 1	119 07(3Vi) Florida Statutes	further certif	ty that the is	nformation	
Indicated	d on this report or supplemental repor	t is true and accurate and that r	my signat	ure shall have the	e same i	legal effect as if made under o	oath; that I an	n an officer	r or director	
of the co	d on this report or supplemental repor reporation or the receiver or trustee er I, or on an attachment with an addres	t is true and accurate and that report	my signat t as requir l.	ure shall have the red by Chapter 6	e same i	legal effect as if made under o	eath; that I an eappears in	n an officer	r or director	