

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 006 ***150.00

DOCUMENT # P02000131256

1. Entity Name
SHINE UP DEALER SUPPLY, INC.



Principal Place of Business
108 PEARCE ROAD
AUBURNDAL, FL 33823 US

Mailing Address
108 PEARCE ROAD
AUBURNDAL, FL 33823 US

44043570



2. Principal Place of Business
108 Pearce Road
Suite, Apt. #, etc.

3. Mailing Address
108 Pearce Road
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
Auburndale, FL
Zip 33823 Country POLK

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Auburndale, FL
Zip 33823 Country POLK

4. FEI Number
41-2071772
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, JAMES H
108 PEARCE ROAD
AUBURNDAL, FL 33823

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *James H Stevens* DATE 5-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, JAMES H	
STREET ADDRESS	108 PEARCE RD	
CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STEPHENS, KATHRYN	
STREET ADDRESS	108 PEACE RD	
CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

← This spelling is incorrect
The correct spelling is noted in #10
STephens
Thanks
James H Stevens

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James H Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 984-3950
5-3-04 (863) 412-2770
Date Daytime Phone #