


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90008 043 \*\*\*150.00

<b>DOCUMENT # P02000133105</b>	
1. Entity Name <b>POTTER'S AUTOCARE, INC.</b>	

Principal Place of Business <b>2400 E. OLIVE ROAD PENSACOLA FL 32514</b>	Mailing Address <b>2400 E. OLIVE ROAD PENSACOLA FL 32514</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

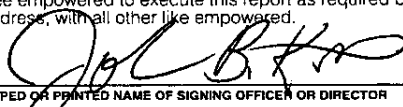
6. Name and Address of Current Registered Agent  <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KENT, JOHNATHAN B 2400 E. OLIVE ROAD PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	Date: <b>8-20-04</b> Daytime Phone #

Attachment  
21081958  
#P02000133105

**BROWN, KIRKLAND & CAMPBELL, P.A.**

Certified Public Accountants

7100 PLANTATION ROAD, SUITE 18  
PENSACOLA, FLORIDA 32504  
(850) 474-1536 / FAX (850) 484-7935

JERRY T. KIRKLAND  
PAUL M. CAMPBELL

MICHAEL P. CAMPBELL  
BERTON L. BROWN  
(1935-1993)

August 17, 2004

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

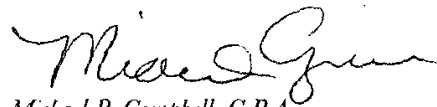
Re: Potter's Autocare, Inc.

Good Day:

Please forgive the lateness of the filing of this Annual Report. The company did not receive the original postcard notification. Please accept the payment enclosed and waive all penalties.

Thank you.

Sincerely,



Michael P. Campbell, C.P.A.

MPC/sb

encls.