


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90020 022 \*\*\*158.75

<b>DOCUMENT # P03000001968</b>	
1. Entity Name <b>JOE'S AUTO &amp; TRUCK REPAIR, INC.</b>	

Principal Place of Business <b>23210 HARPER AVE. UNIT #1 PORT CHARLOTTE FL 33980</b>	Mailing Address <b>23210 HARPER AVE. UNIT #1 PORT CHARLOTTE FL 33980</b>
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**66407116**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>25555 DUNDEE ROAD</b>	3. Mailing Address <b>25555 DUNDEE ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PUNTA GORDA, FLA.</b>	City & State <b>PUNTA GORDA, FLA.</b>
Zip <b>33950</b>	Country <b>US</b>
Zip <b>33950</b>	Country <b>US</b>

4. FEI Number <b>57-1143932</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>STONIS, JOE 23210 HARPER AVE. UNIT #1 PORT CHARLOTTE FL 33980</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 <b>JOE STONIS Pres.</b>	DATE <b>2/28/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004: Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <b>Joe Stonis</b>	Date: <b>2/28/04</b> Daytime Phone #: <b>(941) 637-7009</b>