

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90007 017 ***158.75

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1. Entity Name

VERN'S AUTO PARTS & REPAIR, INC.



Principal Place of Business

119 ALDEN DR.
FT. WALTON BEACH FL 32547

Mailing Address

119 ALDEN DR.
FT. WALTON BEACH FL 32547

2. Principal Place of Business

720 NORTH EGLIN PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

Zip

Country

32547

USA

Zip

Country

4. FEI Number

33-1056590

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENDORF, STANLEY H
720 NORTH EGLIN PARKWAY
FT. WALTON BEACH FL 32547

Name BENDORF, STANLEY H.

Street Address (P.O. Box Number is Not Acceptable)

119 ALDEN DRIVE

City Fort Walton Beach

FL

Zip Code 32547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BENDORF, STANLEY H
STREET ADDRESS 119 ALDEN DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE P
NAME BENDORF, STANLEY H
STREET ADDRESS 119 ALDEN DRIVE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BENDORF, LAVERNE W
STREET ADDRESS 506 DIVISION STREET
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME JANOCKO, MARY LOU
STREET ADDRESS 245 COUNTRY CLUB PARKWAY
CITY-ST-ZIP CASTLE ROCK, COLO 80104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BENDORF, KATHY S.
STREET ADDRESS 119 ALDEN DRIVE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

Stanley A Bendorf

2/12/04 (850) 862 4413