


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90059 001 \*\*\*\*\*8.75  
 02-26-2004 90059 002 \*\*\*150.00

**DOCUMENT # P03000093840**  
 1. Entity Name  
**CORAL AUTO AND TRUCK REPAIR INC.**



Principal Place of Business **745**  
**740 NE 19 PLACE**  
**B**  
**CAPE CORAL FL 33990**

Mailing Address  
**740 NE 19 PLACE**  
**B**  
**CAPE CORAL FL 33990**

2. Principal Place of Business  
~~740 NE 19 PLACE~~ **745 NE 19 PL**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**B**

City & State  
**CAPE CORAL**

City & State  
**CAPE CORAL**

Zip  
**33990**

Country



MOORE CR2E034 (11/03)

4. FEI Number  
**20-0184647**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSELL, EARL R**  
**322 GUNNERY ROAD**  
**D**  
**LEHIGH ACRES FL 33971**

7. Name and Address of New Registered Agent

Name **ARTHUR J DURY**

Street Address (P.O. Box Number is Not Acceptable)  
**5100 S. CLEVELAND AVE**

**SUITE 318/347**

City **FORT MYERS** FL **33907** 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 *Arthur J Dury* (NOTE: Registered Agent signature required when reinstating) DATE **2-24-2004**

**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DURY, ARTHUR J</b>	
STREET ADDRESS	<b>5100 S. CLEVELAND AVE #318347</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Arthur J Dury* DATE: **2-20-2004** DAYTIME PHONE #: **339-458-8442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR