

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 740 NE 19 PLACE B CAPE CORAL FL 33990	Mailing Address 740 NE 19 PLACE B CAPE CORAL FL 33990
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2. Principal Place of Business 740 NE 19 PL 745 NE 19 PL Suite, Apt. #, etc. B	3. Mailing Address Same Suite, Apt. #, etc.
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City & State CAPE CORAL	City & State
Zip 33990	Country



MOORE CR2E034 (11/03)

4. FEI Number 20-0184647	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 Zip Code 33907
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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 <i>Arthur J Dury</i>	(NOTE: Registered Agent signature required when reinstating)	DATE 2-24-2004
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURY, ARTHUR J		NAME	
STREET ADDRESS 5100 S. CLEVELAND AVE #318347		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL 33907		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Arthur J Dury</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-20-2004	DAYTIME PHONE # 339-458-8442
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