

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90095 049 ***150.00

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1. Entity Name

J&R AUTO REPAIR OF ORLANDO, INC.



Principal Place of Business

9777 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

9777 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

20033904



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

9777 S. Orange Blossom

Suite, Apt. #, etc.

Trail Unit #23

City & State

Orlando FL

Zip
32837

Country
FL

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip
Same

Country
FL

4. FEI Number

74-3107762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, NARCISO J
180 JALAPA DRIVE
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name NARCISO J. VAZQUEZ

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

1312 Royal St Apt 3

City Kissimmee

FL

Zip Code

34744

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

Narciso J. Vazquez

(NOTE: Registered agent signature required when reinstating)

3-16-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ Delete
NAME VAZQUEZ, NARCISO J
STREET ADDRESS 180 JALAPA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Narciso J. Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

407-888-2250

Daytime Phone #