

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103179

1. Entity Name
D & R MOBILE REPAIR, INC.



FILED
04 OCT -4 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
912 N 21ST ST
FT PIERCE, FL 34950

Mailing Address
912 N 21ST ST
FT PIERCE, FL 34950

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

09192004 Chg-P CR2E034 (10/03)

4. FEI Number
14-1895611
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, DONNIE
912 N 21ST ST
FT PIERCE, FL 34950

7. Name and Address of New Registered Agent

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

(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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME
D CLARK, DONNIE
STREET ADDRESS
912 N 21ST ST
CITY-ST-ZIP
FT PIERCE, FL 34950

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Change Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/04
Date

Daytime Phone #