

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-19-2004 90317 002 ***150.00

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02112004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000129379 1. Entity Name T. & J'S MOBILE AUTO DETAILING INC																					
Principal Place of Business 12528 TINSLEY TERRACE DR. 149 TAMPA, FL 33612		Mailing Address 12528 TINSLEY TERRACE DR. 149 TAMPA, FL 33612																			
2. Principal Place of Business 1811 TINSLEY CIRCLE Suite, Apt. #, etc. # 9		3. Mailing Address 1811 TINSLEY CIRCLE Suite, Apt. #, etc. # 9																			
City & State TAMPA FL		City & State TAMPA FL																			
Zip 33612		Zip 33612																			
Country USA		Country USA																			
4. FEI Number 90-015223		Applied For ☐ Not Applicable																			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent SMITH, JOHN JR 42628 TINSLEY TERRACE DR., #149 TAMPA, FL 33612		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1811 TINSLEY CIRCLE #9 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete ☐	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change ☐ Addition ☒</td> </tr> <tr> <td>NAME</td> <td>DIP</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Smith, John Jr</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1811 TINSLEY CIRCLE #9</td> </tr> <tr> <td></td> <td>TAMPA FL 33612</td> </tr> </table>		TITLE	Change ☐ Addition ☒	NAME	DIP	STREET ADDRESS	Smith, John Jr	CITY-ST-ZIP	1811 TINSLEY CIRCLE #9		TAMPA FL 33612
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>John Smith, Jr</u> John Smith, Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					