


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

07-02-2004 90001 018 ***150.00

| | | | | | |
|---|---|--|--|---|---|
| DOCUMENT # P03000132407 | | | |  | |
| 1. Entity Name PREMIERE AUTO BODY OF SOUTHWEST FLORIDA, INC. | | | | | |
| Principal Place of Business 939 SE 11 AVE CAPE CORAL, FL 33990 | | | Mailing Address 939 SE 11 AVE CAPE CORAL, FL 33990 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 65-1111039 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | CR2E034 (10/03) | | |
| 6. Name and Address of Current Registered Agent BUCKLEY, J PATRICIA 1633 SE 47 TERRACE CAPE CORAL, FL 33904 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEWART, JASON T 2907 SW 2 PLACE CAPE CORAL, FL 33914 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: _____ | | | 6/29/04 239-458-5236 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

Attachment

66432241

July 29, 2004

Premiere Auto Body of Southwest Florida, Inc.
939SE 11th Avenue
Cape Coral, FL 33990

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Reference Number: P03000132407

Dear Sirs,

We did not receive the notice from the Division of Corporations last spring. We were advised by our new accountant in June to file the annual report.

Please abate the penalty of \$ 400.00 that is referenced in your recent correspondence of July 6th.

We will make sure all future filings are done on a timely basis. Thank you for your consideration.

Very Truly Yours,

Jason Stewart