


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|---------|--|---|--|--|--|
| DOCUMENT # P03000145953 1. Entity Name REPAIR SERVICE OF FLORIDA, INC. | | | |  | | <div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="transform: rotate(-15deg); font-size: 18px;">04 MAR 11 AM 11:59</div> <div style="transform: rotate(-15deg); font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 9228 NE JACKSONVILLE RD ANTHONY, FL 32617 | | | | Mailing Address 9228 NE JACKSONVILLE RD ANTHONY, FL 32617 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent JENNINGS, DONALD R 9228 NE JACKSONVILLE RD ANTHONY, FL 32617 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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. | | | | 4. FEI Number 86-1090874 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | Amended AR is \$61.25 | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P JENNINGS, DONALD R 9228 NE JACKSONVILLE RD ANTHONY, FL 32617 <input type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 000030591690 03/16/04--01124--007 **61.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP S JENNINGS, KATHRYN 9228 NE JACKSONVILLE RD ANTHONY, FL 32617 <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 T JENNINGS, TYLER 2008 NE 8TH RD OCALA, FL 34470 <input 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: Donald R. Jennings <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 03/03/04 (352) 732-4635 <small>Date Daytime Phone #</small> | | | |