2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90037 039 ***150.00

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1. Entity Name
ISLANDER AUTOMOTIVE REPAIR, INC.

Principal Place of Business	Mailing Address
2027 MAYPORT RD ATLANTIC BCH, FL 32233	2027 MAYPORT RD ATLANTIC BCH, FL 32233

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03142004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2138794 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WITHERSPOON, MELVIN M
~~112 7TH ST~~ 679 OCEAN BLVD.
ATLANTIC BCH, FL 32233

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD ☐ Delete	☑ Change ☐ Addition
NAME	WITHERSPOON, MELVIN M	
STREET ADDRESS	~~112 7TH ST~~	679 OCEAN BLVD.
CITY-ST-ZIP	ATLANTIC BCH, FL 32233	
TITLE	VD ☐ Delete	☐ Change ☐ Addition
NAME	FITZGERALD, KEVIN P	
STREET ADDRESS	3841 ASHGLEN SR E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VD ☐ Delete	☐ Change ☐ Addition
NAME	IRVINE, JOHN E	
STREET ADDRESS	1003 15TH AVE	
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ 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: Melvin M. Witherspoon 3-15-04 904-270-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #