

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 004 ***150.00

DOCUMENT # P04000049493

1. Entity Name

MARK ADAMS AUTO REPAIR, INC.



Principal Place of Business

12202 HUTCHISON BLVD.
STE 47
PANAMA CITY FL 32407

Mailing Address

12202 HUTCHISON BLVD.
STE 47
PANAMA CITY FL 32407

40006597



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

12202 Hutchison Blvd.

Suite, Apt. #, etc.

Ste 47

City & State

Panama City Beach Florida

Zip
32407

Country
Bay

3. Mailing Address

12202 Hutchison Blvd.

Suite, Apt. #, etc.

Ste 47

City & State

Panama City Beach Florida

Zip
32407

Country
Bay

4. FEI Number

20-0897301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, LINDA A
669 CHOCTAWHATCHEE RIVER RD
BRUCE FL 32455

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

Linda A. Adams

Vice President

Jan-20-2005

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ADAMS, MARK S
STREET ADDRESS P.O. BOX 3043 669 CHOCTAWHATCHEE RIVER RD
CITY-ST-ZIP BRUCE FL 32455

TITLE V ☐ Delete
NAME ADAMS, LINDA A
STREET ADDRESS P.O. BOX 3043 669 CHOCTAWHATCHEE RIVER RD
CITY-ST-ZIP BRUCE FL 32455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Linda A. Adams

Vice President

Jan-20-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #