

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90026 028 ***158.75

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1. Entity Name

BOUTWELL AUTOMOTIVE & TIRE SERVICE, INC.



Principal Place of Business

6503 CAROLINE STREET, HIGHWAY 90
MILTON FL 32570

Mailing Address

6503 CAROLINE STREET, HIGHWAY 90
MILTON FL 32570

2. Principal Place of Business

6593 Caroline St. Hwy 90
Suite, Apt. #, etc.

3. Mailing Address

6593 Caroline St. Hwy 90
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Milton FL

City & State

Milton FL

4. FEI Number

20-1720237

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6593 Caroline St. Hwy 90

City

Milton FL

FL

Zip Code

32570

BOUTWELL, MILLARD R
6503 CAROLINE STREET, HIGHWAY 90
MILTON FL 32570

This is an error 6593

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, 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 PTD ☐ Delete
NAME BOUTWELL, MILLARD R
STREET ADDRESS 5435 PINE BARRON ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE VPSD ☐ Delete
NAME BOUTWELL, BETTY J
STREET ADDRESS 5435 PINE BARRON ROAD
CITY-ST-ZIP MILTON FL 32570

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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TITLE ☐ 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: *Betty J Boutwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

Daytime Phone #