

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90065 031 \*\*\*150.00

DOCUMENT # P92000005805

1. Entity Name

CERTIFIED AUTOBODY OF BREVARD, INC.



Principal Place of Business

3350 DIXIE HWY NE US 1  
PALM BAY, FL 32905

Mailing Address

3350 DIXIE HWY NE US 1  
PALM BAY, FL 32905

**DO NOT WRITE IN THIS SPACE**



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3154739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTNER, GARY N  
3350 DIXIE HWY NE US 1  
PALM BAY, FL 32905

**DO NOT WRITE  
IN THIS SPACE**

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

1/26/2004

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

TITLE DP  
NAME ORTNER, GARY N  
STREET ADDRESS 393 HAWATHA WAY  
CITY-ST-ZIP MELBOURNE BEACH, FL 32976

TITLE V. President  
NAME Robert Ortner  
STREET ADDRESS 9540 Hibiscus Ave  
CITY-ST-ZIP Mico, FL, 32976

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2004 (31) 768-2605  
Date Daytime Phone #