


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000019445	
1. Entity Name LEMAY AUTO REPAIR INC.	

Principal Place of Business 5050 CLEVELAND AVE FORT MYERS, FL 33907	Mailing Address 10630 MCGREGOR BLVD FT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
LEMAY, ROGER 5050 CLEVELAND AVE FORT MYERS, FL 33907	

	
01262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0473762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000066791 02/26/04-80030-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEMAY, ROGER 5050 CLEVELAND AVE FORT MYERS, FL 33907
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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: Roger P. Lemay Roger P. Lemay 2-24-04 239-278-168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone