


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90059 047 \*\*\*150.00

<b>DOCUMENT # P94000064560</b> 1. Entity Name <b>PALM PARK AUTO UPHOLSTERY, INC.</b>					
Principal Place of Business <b>502 PALM STREET BAY #18 WEST PALM BEACH FL 33401</b>			Mailing Address <b>502 PALM STREET BAY #18 WEST PALM BEACH FL 33401</b>		
2. Principal Place of Business <b>502 Palm St #18</b> Suite, Apt. #, etc. <b>#18</b>		3. Mailing Address <b>502 Palm St #18</b> Suite, Apt. #, etc. <b>#18</b>			
City & State <b>WPB FL</b>		City & State <b>WPB FL</b>		4. FEI Number <b>65-0523724</b>	
Zip <b>33401</b> Country <b>P Beach</b>		Zip <b>33401</b> Country <b>PBC</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SECRIST, STEVE 502 PALM STREET BAY #18 WEST PALM BEACH FL 33401</b>				7. Name and Address of New Registered Agent Name <b>Steve Secrist</b> Street Address (P.O. Box Number is not Acceptable) <b>502 Palm St #18</b> City <b>West Palm Beach</b> State <b>FL</b> Zip Code <b>33401</b>	
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 <u><i>Steve Secrist</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS:			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>D</b>	<b>SECRIST, KEVIN</b>	<b>4895 DILLON STREET LAKE WORTH FL 33463</b>		
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: <u><i>Steve Secrist</i></u>					

Attachment

66404761  
#P94000064560

Please Note.

We Added Kevin Secrist

Back on to line 10

AS a director

Thank you  
Charles S. Smith