

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 009 ***158.75

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1. Entity Name
D & R AUTOMOTIVE CORPORATION



Principal Place of Business
**631 WASHBURN RD
MELBOURNE, FL 32934**

Mailing Address
**2124 HEATH RD.
MELBOURNE, FL 32935**

04072892



07022004 No Chg-P (R2E034 (10/03))

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3282467

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**REYNOLDS, DANIEL F
2124 HEATH RD
MELBOURNE, FL 32935-3030**

**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 **DANIEL F REYNOLDS**

[Signature]

9-1-04

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYNOLDS, DANIEL F
STREET ADDRESS	2124 HEATH RD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	ST
NAME	REYNOLDS, ALICE M
STREET ADDRESS	2124 HEATH RD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	ROBERT REYNOLDS
STREET ADDRESS	346 SCODELLA ST.
CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	
NAME	DANIEL F REYNOLDS
STREET ADDRESS	2124 HEATH ROAD
CITY-ST-ZIP	MELB FL 32935
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-2594221