

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

08-03-2004 90003039 ***150.00

P95000032856

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54066362

DOCUMENT # P95000032856

1. Entity Name
FOURNIER AUTOMOTIVE INC.



Principal Place of Business
**845 N MILLS AVE
ORLANDO, FL 32803**

Mailing Address
**845 N MILLS AVE
ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE

07282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3311172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOURNIER, ROBERT A SR.
845 N MILLS AVE
ORLANDO, FL 32803**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FOURNIER, ROBERT A SR.**
STREET ADDRESS **845 N MILLS AVE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **V**
NAME **FOURNIER, ELAINE E**
STREET ADDRESS **845 N MILLS AVE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **S**
NAME **FOURNIER, ROBERT A JR**
STREET ADDRESS **845 N MILLS AVE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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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)(l), 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

Date

Daytime Phone #