

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90338 008 ***150.00

DOCUMENT # P95000044533

1. Entity Name

JUDY'S PERMIT SERVICE, INC.



Principal Place of Business

307 FLORAL DR.
TAMPA FL 33613

Mailing Address

P.O. BOX 370005
TAMPA FL 33697

14000943



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3425 LACEWOOD ROAD

3. Mailing Address

3425 LACEWOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3319390

Applied For

Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JUDITH C
307 FLORAL DR.
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name MURRAY, Judith C.
Street Address (P.O. Box Number is Not Acceptable)
3425 LACEWOOD ROAD
City TAMPA FL Zip Code 33618

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

Judith C Murray

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS MURRAY, JUDITH C
CITY-ST-ZIP 307 FLORAL DRIVE
TAMPA FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS MURRAY, PETER A
CITY-ST-ZIP 307 FLORAL DRIVE
TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS MURRAY, Judith C
CITY-ST-ZIP 3425 LACEWOOD ROAD
TAMPA, FL 33618

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS MURRAY, PETER A.
CITY-ST-ZIP 3425 LACEWOOD ROAD
TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Peter A Murray PETER A. MURRAY

Date

4/5/04

Daytime Phone #

813-935-1358