

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000013585

1. Entity Name

AUTO SUPPLY OF OKEECHOBEE, INC.



Principal Place of Business

409 N. PARROTT AVE
OKEECHOBEE, FL 34972

Mailing Address

745 SE MONTEREY RD
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0650486

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOAT, A. WAYNE
745 SE MONTEREY RD.
STUART, FL 34994

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000050017
02/13/04-80047-005 198.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLOAT, A. WAYNE
STREET ADDRESS	745 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL
TITLE	VP
NAME	SLOAT, GARY
STREET ADDRESS	745 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL
TITLE	S
NAME	SLOAT, SOPHIE
STREET ADDRESS	745 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL
TITLE	T
NAME	SMITH, KEVIN
STREET ADDRESS	745 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #