

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90059 036 ***150.00

DOCUMENT # P96000014145

1. Entity Name

A+ MECHANICS, INC.



Principal Place of Business

Mailing Address

**6300 S PINE AVE
OCALA FL 34480**

**6300 S PINE AVE
OCALA FL 34480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3388931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, FRANK
4240 D SE 95TH STREET
OCALA FL 34480**

Name

-Frank- Robinson-

Street Address (P.O. Box Number is Not Acceptable)

6300 South Pine Ave.

City

Ocala

FL

Zip Code

34480

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

Frank Robinson

Frank Robinson

2-12-04

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**ROBINSON, FRANK
2905 SE 49TH PLACE
OCALA FL 34480**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**Robinson, Frank
6300 South Pine Ave.
Ocala, FL 34480**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**ROBINSON, TERRI
2905 SE 49TH PLACE
OCALA FL 34480**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**Robinson, Teresa
6300 South Pine Ave.
Ocala, FL 34480**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Frank Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

352-629-2005

Daytime Phone #