

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-16-2004 90032 016 ***150.00

DOCUMENT # P96000021399 1. Entity Name C.V. JOINTS FOR LESS INC.	
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Principal Place of Business 549 N. GOLDENROD ROAD STE. 8 & 9 ORLANDO, FL 32807	Mailing Address 549 N. GOLDENROD ROAD STE. 8 & 9 ORLANDO, FL 32807
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3387423	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALES, VILMA 549 N. GOLDENROD ROAD STE. 8 & 9 ORLANDO, FL 32807
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**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 <u>Vilma Gonzales</u> DATE <u>3-10-04</u>
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, VILMA 3415 GATHIN PLACE ORLANDO, FL 32812
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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 all other like empowered.
SIGNATURE: <u>Vilma Gonzales</u> Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR