

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000028381

1. Entity Name
AUTHORITY DIESEL SERVICE, INC.



Principal Place of Business
**17391 121ST TERRACE NORTH
JUPITER, FL 33478**

Mailing Address
**17391 121ST TERRACE NORTH
JUPITER, FL 33478**



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KENNEDY, EUGENE M ESQUIRE
517 SOUTHWEST 1ST AVENUE
FT. LAUDERDALE, FL 33301**

**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 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**

100000108014
04/09/04-00038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEEKS, RAYMOND R
STREET ADDRESS	17391 121ST TERRACE NORTH
CITY-ST-ZIP	JUPITER, FL 33478

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**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)(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 SIGNED OFFICER OR DIRECTOR

RAYMOND R. WEEKS, PRES

Date

Daytime Phone #