

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90078 014 \*\*\*150.00

**DOCUMENT # P96000102003**

1. Entity Name

**AUTO MENDERS INC.**



Principal Place of Business

**5655 BEAVER ST  
JACKSONVILLE FL 32254**

Mailing Address

**5655 BEAVER ST  
JACKSONVILLE FL 32254**

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

**59-3414832**

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

**PYLE, PATRICIA A  
11303 BRANAN FIELD RD  
JACKSONVILLE FL 32202**

Name

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

City

**FL**

Zip Code

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

*Patricia A. Pyle Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/23/04*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PYLE, PATRICIA A	
STREET ADDRESS	11303 BRANAN FIELD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WIECHMAN, GLENDA	
STREET ADDRESS	8730 BARCO	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHODES, PATRICIA-A	
STREET ADDRESS	1067 N. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WIECHMAN, GLENDA	
STREET ADDRESS	8730 LAREN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Patricia A. Pyle* **PATRICIA A. Pyle PRES.**

DATE

Daytime Phone #

*1/23/04* **904-693-2623**