2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006425

Entity Name: D & J MOBILE REPAIR SERVICES, INC.

FILED Jan 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9572 SIDNEY HAYES RD #101

ORLANDO, FL 32824 US

Current Mailing Address: New Mailing Address:

P. O. BOX 593853

ORLANDO, FL 32859 US

FEI Number: 59-3421186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEITSMA, LAURINDA D
2702 BLUFF VIEW DR
GROVELAND, FL 34736 US
SHOVESTULL, LAURINDA D
2702 BLUFF VIEW DR
GROVELAND, FL 34736 US

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.

SIGNATURE: LAURINDA D. SHOVESTULL 01/17/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 SHOVESTULL, JOHN A
 Name:

 Address:
 2702 BLUFF VIEW DR
 Address:

 City-St-Zip:
 GROVELAND, FL 34736
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 HALL, ROGER
 Name:

 Address:
 4737 MESA VERDE DR.
 Address:

 City-St-Zip:
 ST. CLOUD, FL 34769
 City-St-Zip:

Title: Title: () Delete (X) Change () Addition FEITSMA, LAURINDA D Name: SHOVESTULL, LAURINDA D Name: 2702 BLUFF VIEW DR 2702 BLUFF VIEW DR Address: Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURINDA D. SHOVESTULL SEC 01/17/2004