

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90072 031 \*\*\*150.00

**DOCUMENT # P97000021779**

1. Entity Name

AUTO LOOK GOOD INC.



Principal Place of Business

542 FAULKNER AVENUE  
APT 5  
NEW SMYRNA BEACH FL 32168

Mailing Address

542 FAULKNER AVENUE  
APT 5  
NEW SMYRNA BEACH FL 32168

14002070

2. Principal Place of Business

542 FAULKNER STREET  
Suite, Apt. #, etc.

3. Mailing Address

542 FAULKNER STREET  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number 59-3438238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERV, JOHN A  
2646 EDGEWATER AVENUE  
NEW SMYRNA BEACH FL 32168

ADDRESS  
WRONG

7. Name and Address of New Registered Agent

Name JOHN A. PERV

Street Address (P.O. Box Number is Not Acceptable)  
542 FAULKNER ST. APT. 5

City NEWSMYRNA BEACH

FL

Zip Code 32168

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 JOHN A. PERV - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-04

**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  
NAME PERV, JOHN A  
STREET ADDRESS 2646 EDGEWATER AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE VTS  
NAME PERV, JOHN A  
STREET ADDRESS 2646 EDGEWATER AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.V.T.S.D.C.M  
NAME JOHN A. PERV  
STREET ADDRESS 542 FAULKNER ST. APT. 5  
CITY-ST-ZIP NEWSMYRNA BEACH, FL. 32168 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(j), 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 life empowered.

SIGNATURE:

JOHN A. PERV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Date

386.314-7700

Daytime Phone #