2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000039977

1. Entity Name
PACIFIC AUTO SERVICE INC.

Principal Place of Business	Mailing Address
9009 N. NEBRASKA AVE. TAMPA, FL 33604	9009 N. NEBRASKA AVE. TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3451699

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAMMEVA, J
A18 SAN JOSE DR.
DUNEDIN, FL 34698

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] JOSE VILLANUEVA VP 4/2/04
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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	VILLANUEVA, J
STREET ADDRESS	418 SAN JOSE DR
CITY-ST-ZIP	DUNEDIN, FL
TITLE	A
NAME	VALENTIN, BLANCO
STREET ADDRESS	7819 N 53 ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	SABORNIDO, J
STREET ADDRESS	2111 ANASTASIA WAY
CITY-ST-ZIP	ST PETE, FL
TITLE	P
NAME	VILLANUE VA, VIRGINIA
STREET ADDRESS	418 SANJOSE DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80003-020 150.00

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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] 4/2/04 813 930-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #