


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 049 ***150.00

DOCUMENT # P97000063677			
1. Entity Name FRANK KELLY'S AUTOMOTIVE SERVICE, INC.			
Principal Place of Business 8943 N FORK DRIVE N FT MYERS, FL 33903 FRANK KELLY		Mailing Address 8943 N FORK DRIVE N FT MYERS, FL 33903	
2. Principal Place of Business 3017 PALM BEACH BLVD		3. Mailing Address 3017 PALM BEACH BLVD	
City & State FORT MYERS FL		City & State FT. MYERS, FL	
Zip 33916 Country US		Zip 33916 Country US	
4. FEI Number 65-0765325		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, FRANK 8943 N FORK DRIVE N FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name FRANK KELLY Street Address (P.O. Box Number is Not Acceptable) 3017 PALM BEACH BLVD. City FORT MYERS FL Zip Code 33916	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, FRANK 8943 N FORK DRIVE N FT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK KELLY 3017 PALM BEACH BLVD. FT. MYERS FL 33916
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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: Frank Kelly <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/19/04 Daytime Phone # 337-2886	