

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000071594**

1. Entity Name  
**M & F AUTO REPAIR & BODY SHOP, INC.**



Principal Place of Business

**1002 SE 9TH STREET  
CAPE CORAL, FL 33990**

Mailing Address

**1002 SE 9TH STREET  
CAPE CORAL, FL 33990**



04042005

No Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0775767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MCDONALD, JOHN G  
1002 SE 9TH STREET  
CAPE CORAL, FL 33990**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | MCDONALD, JOHN G     |
| STREET ADDRESS | 1002 SE 9TH STREET   |
| CITY- ST- ZIP  | CAPE CORAL, FL 33990 |
| TITLE          | D                    |
| NAME           | MCDONALD, GRACE E    |
| STREET ADDRESS | 1002 SE 9TH STREET   |
| CITY- ST- ZIP  | CAPE CORAL, FL 33990 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |

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04/07/05-80007-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if engaged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-05 (239-574-2021)