

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-14-2004 90052 016 ***150.00

DOCUMENT # P97000077324

1. Entity Name

**AUTO & TRUCK SALES, SERVICE, USED AUTO PARTS,
INC.**



Principal Place of Business

**4433 10TH AVE N
LAKE WORTH FL 33460**

Mailing Address

**PO BOX 19128
WEST PALM BEACH FL 33416**

2. Principal Place of Business

6500 Georgia Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19128

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33405

Country

USA

Zip

33416

Country

USA

4. FEI Number

65-0778789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, ERSKINE, III PA
1803 AUSTRALIAN AVE S
SUITE A
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

ERSKINE Rogers III PA

Street Address (P.O. Box Numbers Not Acceptable)

4 HARVARD Circle Suite 100

City

West Palm Beach

FL

Zip Code

33406

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 reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	MESSINA, KELLIE E	
STREET ADDRESS	4433 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MESSINA, DONALD JR	
STREET ADDRESS	4433 10TH AVENUE N	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Kellie E. Messina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 19128	
CITY-ST-ZIP	West Palm Beach fl. 33416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kellie E. Messina pres Kellie E. Messina 1-28-04 561 582 6383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #