07/01/2004 13:41 7275763803

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Secretary of State
07-06-2004 90113 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107246

1. Entity Name
CHRIS MANN'S AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
2318 SR 674 EAST RUSKIN, FL 33570 US	P.O. BOX 5099 SUN CITY CENTER, FL 33571 US

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3484271
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BLVD.
SUN CITY CENTER, FL 33573

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MANN, CHRISTOPHER L
STREET ADDRESS	2406 TWO MANNS IN.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	DVPS
NAME	MANN, KATHY J
STREET ADDRESS	2406 TWO MANNS IN.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kathy J Mann 6-30-04 813-641-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 44047000

Chris Mann's Auto, Inc.

Mailing Address: P.O. Box 5099 • Sun City Center, Florida 33571
2318 S.R. 674 East • Ruskin, Florida 33570 • **(813) 641-1664**
MV-26402

RE: P97000107246

Please note I am Sending my payment. I never recieved my notice. I recieved your post Card of reminder. I am very Sorry I dont know how come I never recieved it. For 7 years I have always recieved my notice. Without the notice I had no reminder to pay.

Thank you

Kathy J. Mann

813-641-1664