

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

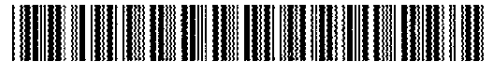
DOCUMENT # P98000012860

1. Entity Name
MOFFAT AUTOMOTIVE GROUP, INC.



Principal Place of Business
9465 S E FEDERAL HWY
HOBE SOUND, FL 33455

Mailing Address
9465 S E FEDERAL HWY
HOBE SOUND, FL 33455



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828639	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOVIE, GEORGE F III
555 COLORADO AVE
STUART, FL 34995

**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 re-appointing)

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

000000023528
02/02/04-80029-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOFFAT, B J
STREET ADDRESS	9465 SE FEDERAL HWY
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	STD
NAME	MOFFAT, JANE E
STREET ADDRESS	9465 SE FEDERAL HWY
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 (772) 546-1137