2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 03, 2004 8:00 am
Secretary of State
02-19-2004 90031 011 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P99000000322

1. Entity Name
JOHN'S & SON AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
1332 LAKE BRADFORD RD. TALLAHASSEE FL 32304	1332 LAKE BRADFORD RD. TALLAHASSEE FL 32304

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3551937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAYAH, A J 1717 TALPECO RD. TALLAHASSEE FL 32303	Name ROBERT E. SAYAH Street Address (P.O. Box Number is Not Acceptable) 5742 JAPoNICA, ct City Tall, FL Zip Code 32303

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 A-John-Sayah / Robert E. Sayah Robert E. Sayah 2-12-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO SAYAH, A J 1717 TALPECO RD TALLAHASSEE FL 32303 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agent ROBERT SAYAH 5742 Japonica, ct Tall Fl 32303 Register Agent ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O SAYAH, EZZAT 1717 TAIPECO RD TALLAHASSEE FL 32303 Vice President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: John A-Sayah · JOHN, Abdl, SAYAH 2-12-04 850 576 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #