

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90261 034 \*\*\*150.00

**DOCUMENT # P99000003331**



1. Entity Name  
**DOMESTIC & FOREIGN AUTO REPAIR, INC.**

Principal Place of Business  
**5805 N 50TH STREET  
BLDG 15-A  
TAMPA, FL 33610**

Mailing Address  
**1007 LUMSDEN TRACE CR.  
VALRICO, FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3550582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ST JOHN, LYNDON G  
1007 LUMSDEN TRACE CR  
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ST JOHN, LYNDON	
STREET ADDRESS	3805 ROLLING CIRCLE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ST JOHN, MARLENE J	
STREET ADDRESS	3805 ROLLING CIRCLE	
CITY-ST-ZIP	VALRICO, FL 33594	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St John, Lyndon	
STREET ADDRESS	1007 Lumsden Trace Cr.	
CITY-ST-ZIP	Valrico FL 33594	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St John, marlene J	
STREET ADDRESS	1007 Lumsden Trace Cr.	
CITY-ST-ZIP	Valrico FL 33594	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/21-04**

Date

Daytime Phone #