

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 011 ***150.00

DOCUMENT # P99000022762

1. Entity Name

DIESEL DOCTOR, INC.



Principal Place of Business

1424 NE 23RD STREET
FT. LAUDERDALE FL 33305
US

Mailing Address

1424 NE 23RD STREET
FT. LAUDERDALE FL 33305
US

94077690



MOORE

CR2E034 (11/03)

2. Principal Place of Business

502 SW 2nd Ave

3. Mailing Address

502 SW 2nd Ave

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Dania Beach FL

City & State

Dania Beach FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-0906022

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

OUELLETTE, SHERRY L
1424 NE 23RD ST.
FT. LAUDERDALE FL 33305

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]

(NOTE: Registered Agent signature required when reinstating)

4/30/04

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 P
NAME QUELLETTE, SHERRY L
STREET ADDRESS 1424 NE 23 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE P
NAME Ouellette, Sherry L
STREET ADDRESS 502 SW 2nd Ave #2
CITY-ST-ZIP Dania Beach FL 33004

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #