


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000039160**  
 1. Entity Name  
**CHAZ AUTO AND TRAILER REPAIR, INC.**



Principal Place of Business      Mailing Address  
**7365 W MISS MAGGIE DRIVE**      **7365 W MISS MAGGIE DRIVE**  
**HOMOSASSA, FL 34448**              **HOMOSASSA, FL 34448**

**DO NOT WRITE IN THIS SPACE**



06302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3572206**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**PHILLIPS, PATRICIA A**  
**7365 W MISS MAGGIE DRIVE**  
**HOMOSASSA, FL 34448**

**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 \_\_\_\_\_ 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	VP
NAME	PHILLIPS, PAUL A
STREET ADDRESS	10064 S DEVON TERR
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	P
NAME	PHILLIPS, PATRICIA A
STREET ADDRESS	7365 W. MISS MAGGIE DRIVE
CITY-ST-ZIP	HOMOSASSA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000163218  
 07/06/04-80004-017 150.00

**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: *Patricia A Phillips Pres*      Patricia A Phillips Pres      352-382-25  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #