


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90210 045 ***158.75

DOCUMENT # P99000047366	
1. Entity Name NAPLES AUTO ELECTRIC-BONITA SPRINGS, INC.	

Principal Place of Business 3126 DAVIS BLVD NAPLES, FL 34104	Mailing Address 3126 DAVIS BLVD NAPLES, FL 34104
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2. Principal Place of Business 9786 Bonita Beach Rd.	3. Mailing Address 9786 Bonita Beach Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34135	Zip 34135
Country	Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0927066	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKERSON, JASON 3126 DAVIS BLVD NAPLES, FL 34104	
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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: <i>Jason Dickerson</i>	DATE: 4-19-04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, JASON 3126 DAVIS BLVD. NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jason Dickerson</i>	DATE: 4-19-04 DAYTIME PHONE #: 239-495-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	