
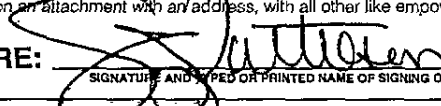


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000048482 1. Entity Name RICHARD'S AUTOMOTIVE OF JACKSONVILLE, INC.		
Principal Place of Business 3060 LEON ROAD JACKSONVILLE, FL 32246	Mailing Address 3060 LEON ROAD JACKSONVILLE, FL 32246	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PLEIMAN, THOMAS C JR 9471 BAYMEADOWS RD SUITE # 308 JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PST PATTERSON, RICHARD E 3060 LEON ROAD JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATTERSON, SUSAN 3060 LEON ROAD JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/14/04 (904) 622-4966 <small>Daytime Phone #</small>



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3584322

Applied For
Not Applicable

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

1100000166529
07/15/04-80013-001 163.75

**DO NOT WRITE
IN THIS SPACE**