2004 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # P99000064885

1. Entity Name
H & A AUTO SERVICES, INC.

Principal Place of Business	Mailing Address
3869 NORTH LAKE ORLANDO PKWY	3869 NORTH LAKE ORLANDO PKWY
ORLANDO, FL 32808	ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

04032004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3588518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SINGH, HARRICHAND
3869 N LAKE ORLANDO PKWY
ORLANDO, FL 32808

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 _____

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	P
NAME	SINGH, HARRICHAND
STREET ADDRESS	3869 N LAKE ORLANDO PKWY
CITY-ST-ZIP	ORLANDO, FL 32808

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/08/04-80016-019   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: _Harrichand Singh_   4-6-04   407-443-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #