

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90013 032 ***150.00

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1. Entity Name
J & E REPAIR SERVICE, INC.



Principal Place of Business
**785 LAKEWOOD CIRCLE
MERRITT ISLAND, FL 32952**

Mailing Address
**PO BOX 540763
MERRITT ISLAND, FL 32954**

54016469



01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3597964

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHILDERS, BONNIE
840 BREVARD AVE
ROCKLEDGE, FL 32955**

7. Name and Address of New Registered Agent

Name
Douglass A. Person, CPA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1413 South Patrick Drive, Suite 7

City **Indian Harbour Beach FL** Zip Code **32937**

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 *Douglas A. Person* **DOUGLASS ARTHUR PERSON**

01/09/04

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** ☐ Delete
NAME **WILLIAMS, JOYCE A**
STREET ADDRESS **785 LAKEWOOD CIRCLE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **ST** ☐ Delete
NAME **RODGERS, REBECCA W**
STREET ADDRESS **1501 ELGIN T**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **Rodgers, Rebecca W.**
STREET ADDRESS **1501 Elgin Street**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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: *Joyce A. Williams, Pres.*

01/09/04 321-459-3538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #