

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S41501

Entity Name: THE AXLE DOCTOR, INC.

FILED
Jan 23, 2004
Secretary of State

Current Principal Place of Business:

6216 EAST BROADWAY
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

6216 EAST BROADWAY
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3056592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, ROBERT
6216 EAST BROADWAY AVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAVARRO, ROBERT,
Address: 2810 MISSOURI AVE
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: BUNNELL, LENA
Address: 5101 EXCELLENCE BLVD #344
City-St-Zip: TAMPA, FL 33617

Title: T (X) Delete
Name: BUNNELL, LENA
Address: 5101 EXCELLENCE BLVD #344
City-St-Zip: TAMPA, FL 33617

Title: V (X) Delete
Name: SMITH, ERIC
Address: 4306 CROMWELL DR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LAZZARA, DAWN M
Address: 2013 STERLING PALMS CT AP101
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN LAZZARA

VP

01/23/2004

Electronic Signature of Signing Officer or Director

Date