

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 012 ***158.75

DOCUMENT # S-3247

1. Entity Name

J. B. TRUCK REPAIR, INC.



Principal Place of Business

1785 W. NINE MILE ROAD
PENSACOLA FL 32534

Mailing Address

1785 W. NINE MILE ROAD
PENSACOLA FL 32534

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

59-3067648

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN J. BUSH JR.
7700 MISTY PINES LANE
PENSACOLA FL 32534

Name

RUSSELL T. GALBREATH

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

6838 MOBILE HWY

City

PENSACOLA

FL

Zip Code

32534

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

Russell T. Galbreath PD

Russell T. Galbreath

3-3-2004

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BUSH, JOHN J., JR.
STREET ADDRESS 7700 MISTY PINES LANE
CITY-ST-ZIP PENSACOLA FL

TITLE PD ☒ Change ☐ Addition
NAME GALBREATH, RUSSELL T
STREET ADDRESS 6838 MOBILE HWY
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE STD ☒ Delete
NAME BUSH, DEBORAH L.
STREET ADDRESS 7700 MISTY PINES LANE
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☒ Change ☐ Addition
NAME GALBREATH, TAMMY D
STREET ADDRESS 6838 MOBILE HWY
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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

Russell T. Galbreath

RUSSELL T. Galbreath

3-3-2004 (850) 484-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #