


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 048 ***150.00

DOCUMENT # S64700 1. Entity Name FLORIDA AUTO AIR AND RADIATOR II, INC.																																															
Principal Place of Business 5431 WESTCONNETT BLVD JACKSONVILLE, FL 32244 US			Mailing Address 5431 WESCONNETT BLVD JACKSONVILLE, FL 32244 US																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	4. FEI Number 59-3078356																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent KEVERN, RICHARD L 5431 WESCONNET BLVD JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																											
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"> D KEVERN, RICHARD L. 1611 PEBBLE BCH BLVD GREEN COVE SPRINGS, FL <input type="checkbox"/> Delete </td> <td style="width: 20%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"> 5431 Wesconnett Blvd Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> PD KEVERN, BONNIE 1611 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL <input checked="" type="checkbox"/> Delete </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVERN, RICHARD L. 1611 PEBBLE BCH BLVD GREEN COVE SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5431 Wesconnett Blvd Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEVERN, BONNIE 1611 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Richard L Kevern</i> Richard L. Kevern, Director																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																															
Date 3-1-04 Daytime Phone # 778-7814																																															