

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76149

FILED
Jan 09, 2004
Secretary of State

Entity Name: AUTO CLINIC OF MARIANNA, INC.

Current Principal Place of Business:

4145 LAFAYETTE STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4145 LAFAYETTE STREET
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3082176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, CHARLES L., JR.
3375-A CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

KRISER, MICHAEL S PD
4145 LAFAYETTE STREET
MARIANNA, FL 32446 US

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: MICHAEL S KRISER

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOYNER, ALLEN STEVE,
Address: 1681 BUDDY RD
City-St-Zip: CHIPLEY, FL

Title: PD () Delete
Name: KRISER, MICHAEL SCOT, T
Address: 769 PROSPECT RD
City-St-Zip: CHIPLEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL S KRISER

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date