

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90026 026 ***150.00

DOCUMENT # V32895

1. Entity Name
CHUCK'S AUTO BODY SPECIALISTS, INC.



Principal Place of Business
314 GREENACRES ROAD
#32
FT. WALTON BEACH, FL 32536 US

Mailing Address
314 GREENACRES ROAD
#32
FT. WALTON BEACH, FL 32536 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3122505

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

GENTRY, JANET
786 N. BEAL PARKWAY
FORT WALTON BEACH, FL 32547

Name **JANET GENTRY CPA**

Street Address (P.O. Box Number is Not Acceptable)
151 MARY ESTHER BLVD

SUITE 405A

City **MARY ESTHER**

FL

Zip Code **32569**

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 **Janet Gentry CPA**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROLAND, ROBERT CHARLES**
STREET ADDRESS **314 GREENACRES ROAD**
CITY-ST-ZIP **FORT WALTON BCH, FL 32547**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-03