2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # V67561 CARL'S AUTO REPAIR OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 20 CABANA AVE 20 CABANA AVE N. FT. MYERS, FL 33903 N. FT. MYERS, FL 33903 01072004 No Cho-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0359139 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRADLEY, SUSANNE DO NOT WRITE 20 CABANA AVE NORTH FT. MYERS, FL 33903 IN THIS SPACE 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE. CATE Signature, lyaed or printed name of registered agent and title if applicable \$10 TE. Registered Agent signalure required when revisial log-9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRADLEY, SUSANNE HALLE U00000103409 20 CABANA AVE STEFFT ADDRESS 04/05/04-80055-001 150.00 CITY-ST ZIP N. FT. MYERS, FL BBF STREET ADDRESS CITY-ST-Z/P TITLE NAME. STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C3TY - S7 - Z3P BILE

FILED

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

RANF STREET ADDRESS CITY ST ZIP

NAME STREET ADDRESS CHY-ST-ZIP

MI Madly Susanne Bradley Present OF PRINTED HAME OF SEMPRE OFFICER OF DESIGNATION

resident