

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90037 028 \*\*\*150.00

**DOCUMENT # H27775**

1. Entity Name

PAGE BROS. AUTO SUPPLY, INC.



Principal Place of Business

~~P.O. BOX 416~~  
P.O. BOX 476 U.S. 27 S.  
MAYO FL 32066  
US

Mailing Address

344 N.E. CANDY LAKE LANE  
MAYO FL 32066  
US

2. Principal Place of Business

US 27 South

3. Mailing Address

Suite, Apt. #, etc.  
344 N.E. Candy Lane

City & State

Mayo, FL

Zip

32066

Country

USA

City

Mayo, FL

Zip

32066

Country

USA

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Mayo, FL

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Zip

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MOORE

CR2E034 (11/03)

4. FEI Number

59-2472400

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

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

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	PTD	<input type="checkbox"/> Delete
NAME	PAGE, RITCHIE L.	
STREET ADDRESS	344 N.E. CANDY LN.	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PAGE, JOANNE	
STREET ADDRESS	344 N.E. CANDY LAKE	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ritchie L. Page*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04 (386)2942834

Date

Daytime Phone #