2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000048126

1. Entity Name
COMPETITION PAINT & BODY, INC.

Principal Place of Business	Mailing Address
3659 W. ORANGE AVE TALLAHASSEE, FL 32310	3659 W. ORANGE AVE TALLAHASSEE, FL 32310

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3645576

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, DARRELL
1128 ALBRITTON DR
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000160594
05/17/04-80005-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMULLEN, DARRELL
STREET ADDRESS	1128 ALBRITTON DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	MCMULLEN, CHRISTOPHER
STREET ADDRESS	2803 FARINGDON DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	MONTI, R.J.
STREET ADDRESS	743 RED FERN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Darrell McMullen 2-9-04 850-576-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #