## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000094380  1. Entity Name KENNY FISHER'S PAINT & BODY SHOP INC.						07-24-2006 9	0008 02	1 ***150	.00	
Principal Place of Business 5108 E HWY 22 PANAMA CITY, FL 32401 US		Mailing Address 5108 E HWY 22 PANAMA CITY, FL 32401 US			20050180					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07172006	Chg-P		4 (11/05)		
City & State		City & State			4. FEI Number	84-1685	5835	L	olied For Applicable	
Zip 32 404 Country		<sup>Zip</sup> 32404	Country		5. Certificate of	Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
FISHER, JEANEANE R				Name						
915 LEE COURT PANAMA CITY, FL 32404				Street Address (P.O. Box Number is Not Acceptable)						
·						_				
			City				FL	Zip Code	•	
8. The above named entity submits this elatement 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 ### ANNIAN F. Higher  SIGNATURE #### ANNIAN F. Higher  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  Due by September 6, 2006  9. Election Campaign Finance Trust Fund Contribution.				<b>\$5</b> . Add	00 May Be ed to Fees	In accordance w corporation did r				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, KENNETH B 1720 W 15TH ST PANAMA CITY, FL 32404	` □ Delete	TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP					Change	☐ Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

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: