## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # P05000094380** KENNY FISHER'S PAINT & BODY SHOP INC. Principal Place of Business Mailing Address 2820 EAST AVE. 2820 EAST AVE. PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 US CR2E034 (11/05) 01112007 No Chg-P . DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1685835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, JEANEANE R 1 DO NOT WRITE 915 LEE COURT PANAMA CITY, FL 32404 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 familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FISHER, KENNETH B NAME 1720 W 15TH ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE U00000736827 NAME 05/11/07-80003-016 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

FILED