

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031256

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** 1ST REQUEST AUTO TOUCH UP & PAINT REPAIR, INC.

**Current Principal Place of Business:**

696 LINVILLE FALLS DR.  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

696 LINVILLE FALLS DR.  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 59-3449122      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSEN, GERALD L P  
696 LINVILLE FALL DRIVE  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HANSEN, GERALD L  
Address: 696 LINVILLE FALL DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: V ( ) Delete  
Name: HANSEN, ANA MARIA  
Address: 696 LINVILLE FALL DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANAMARIA HANSEN

VP

04/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date