


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 390104
 1. Entity Name
 ECONO AUTO PAINTING OF MEMPHIS, INC.



Principal Place of Business Mailing Address
 3080 DEMOCRAT ROAD 3080 DEMOCRAT ROAD
 MEMPHIS, TN 38118 MEMPHIS, TN 38118

DO NOT WRITE IN THIS SPACE



08022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1359727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, JAMES B RT. 3, BOX 268 HOLLY SPRINGS, MS 38635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, KATHY RT 3 BOX 268 HOLLY SPRINGS, MS 38635
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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: James B. Garrett 8-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Gaytime Phone #