


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 390104**

1. Entity Name  
 ECONO AUTO PAINTING OF MEMPHIS, INC.



Principal Place of Business  
 3080 DEMOCRAT ROAD  
 MEMPHIS, TN 38118

Mailing Address  
 3080 DEMOCRAT ROAD  
 MEMPHIS, TN 38118

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-1359727

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE., SUITE 4  
 WESTON, FL 33331

**DO NOT WRITE 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.

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

00000070988  
 07/31/07-80009-009 150.00

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | PD                      |
| NAME           | GARRETT, JAMES B        |
| STREET ADDRESS | RT. 3, BOX 268          |
| CITY-ST-ZIP    | HOLLY SPRINGS, MS 38635 |
| TITLE          | VD                      |
| NAME           | GARRETT, KATHY          |
| STREET ADDRESS | RT 3 BOX 268            |
| CITY-ST-ZIP    | HOLLY SPRINGS, MS 38635 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**DO NOT WRITE IN THIS SPACE**

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: *James B. Garrett* 7-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #