


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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



01152008 No Chg-P CR2E034 (11/05)

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00; May Be Added to Fees	U00000000000000000000 04/17/08-80004-009 150.00
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

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	

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* James B GARRETT 3-31-08 901-363-0130

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