

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320828

FILED
Jan 05, 2005
Secretary of State

Entity Name: P & P PAINT & BODY INC

Current Principal Place of Business:

30075 SOUTH FEDERAL HIGHWAY
HOMESTEAD, FL 330333203

New Principal Place of Business:

Current Mailing Address:

30075 SOUTH FEDERAL HIGHWAY
HOMESTEAD, FL 330333203

New Mailing Address:

FEI Number: 59-1172079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, JAMES
15430 SW 260 ST
HOMESTEAD, FL 33032 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: SUITS, JAMES
Address: 15430 SW 260 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: S () Delete
Name: SUITS, SUZANNE
Address: 15430 SW 260 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: A () Delete
Name: SUITS, BILL
Address: 14445 SW 290 TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: A () Delete
Name: SUITS, RAYMOND
Address: 1726 S CURTEW LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: A (X) Change () Addition
Name: SUITS, BILL
Address: 27305 S.W. 162 CT.
City-St-Zip: HOMESTEAD, FL 33033

Title: A (X) Change () Addition
Name: SUITS, RAYMOND
Address: 15400 S.W. 260 ST.
City-St-Zip: HOMESTEAD, FL 33032

Title: A () Change (X) Addition
Name: DIXON, FAITH E
Address: 23205 S.W. 170 CT.
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES SUITS

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date