

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320828

Entity Name: P & P PAINT & BODY INC

FILED  
Jan 03, 2007  
Secretary of State

## 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: 27305 S.W. 162 CT.  
City-St-Zip: HOMESTEAD, FL 33033

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SUITS, JAMES D  
Address: 15430 SW 260 ST  
City-St-Zip: HOMESTEAD, FL 33032

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

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

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

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

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

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date