

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 019 ***150.00

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1. Entity Name
AUTO BODY SPECIALISTS, INC.



Principal Place of Business
**2911 RULEME STREET
STE 6
EUSTIS, FL 32726**

Mailing Address
**2911 RULEME STREET
STE 6
EUSTIS, FL 32726**

2. Principal Place of Business
2911 Ruleme Street

3. Mailing Address
2911 Ruleme Street

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.
Suite 3

City & State
Eustis, FL

City & State
Eustis, FL

Zip Country
32726 US

Zip Country
32726 US

02212005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1361428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREIN, JAMES P
228 W. COTTESMORE CIRCLE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name **James M. Frein**
Street Address (P.O. Box Number is Not Acceptable)
5995 Mountbatten Cove
City **Apopka** FL Zip Code **32703**

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 James M. Frein **James M. Frein, Pres.** **3/22/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **FREIN, JAMES P**
STREET ADDRESS **228 W. COTTESMORE CIRCLE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **S** ☒ Delete
NAME **FREIN, JUDITH**
STREET ADDRESS **228 W COTTESMORE CIRCLE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **Frein, James M.**
STREET ADDRESS **5995 Mountbatten Cove**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **S** ☐ Change ☒ Addition
NAME **Frein, Stacey R.**
STREET ADDRESS **5995 Mountbatten Cove**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 M. Frein **James M. Frein, Pres** **3/22/05** **352-589-8060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #