

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 403999

1. Entity Name  
AUTOMOTIVE CLINIC BODY SHOP, INC.



Principal Place of Business  
5849 N WASHINGTON BLVD  
SARASOTA, FL 34243 US

Mailing Address  
5849 N WASHINGTON BLVD  
SARASOTA, FL 34243 US

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1403186 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARVEY, SCOTT R PRES  
253 MANOR RD.  
VENICE, FL 34293

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000953891  
07/10/08-80001-019 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. 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 NAME STREET ADDRESS CITY - ST - ZIP	PRES GARVEY, SCOTT R PRES 253 MANOR RD. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR CHIONGBIAN, NATHANIEL S SECRETA 5849 NORTH WASHINGTON BLVD. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Scott R Garvey* SCOTT R GARVEY 7/7/08 19417358-9003