2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 416084

Entity Name: FORT WALTON PAINT & BODY SHOP, INC.

Current Principal Place of Business:

37 BEAL PARKWAY N.E.
FT. WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

37 BEAL PARKWAY N.E.
FT. WALTON BCH, FL 32548

New Mailing Address:

P. O. BOX 175
FT. WALTON BCH, FL 32549

FEI Number: 59-1469109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARON, JEFF
37 BEAL PARKWAY NE
FT. WALTON BEACH, FL 32548 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: PD ( ) Delete
Name: SHARON, JEFF
Address: 6072 TERRACE LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: VD ( ) Delete
Name: SHARON, DEBORAH P
Address: 6072 TERRACE LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: SD ( ) Delete
Name: SHARON, JEFFERSON D III
Address: 6072 TERRACE LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: TD ( ) Delete
Name: SHARON, JOSHUA D
Address: 6072 TERRACE LANE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFF SHARON PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date