

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 016 \*\*\*150.00

<b>DOCUMENT # 530464</b> 1. Entity Name <b>ACE BODY SHOP, INC.</b>					
Principal Place of Business <b>3601 MOBILE HIGHWAY PENSACOLA FL 32505</b>			Mailing Address <b>3601 MOBILE HIGHWAY PENSACOLA FL 32505</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1861762</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MELEI, JOSEPH E. 3601 MOBILE HIGHWAY PENSACOLA FL 32505</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Joseph E Melei</i></u> <i>Joseph E Melei</i> <span style="float: right;">7-20-05</span> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEES \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MELEI, JOSEPH E. 301 GRANDVIEW ST. PENSACOLA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MELEI, MARGIE R. 301 GRANDVIEW ST. PENSACOLA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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: <u><i>Joseph E Melei</i></u> <i>Joseph E MELEI</i> <span style="float: right;">7-20-05</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

ATTACHMENT

Ace Body Shop, Inc.

3601 Mobile Highway

Pensacola, FL. 32505

106.026392  
# 530464

August 17, 2005

Division of Corporations  
PO Box # 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I request a waiver of the \$ 400.00 late fee for not timely filing the 2005 Annual report. I did not receive the annual report notice. The document number is # 530464. Thank you.

Regards,

Joe Melei, President

