


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 537398**  
1. Entity Name  
**ECONO AUTO PAINTING OF DEL RAY BEACH, INC.**



Principal Place of Business  
**65 N.W. 18TH AVENUE  
DELRAY BEACH, FL 33444**

Mailing Address  
**65 N.W. 18TH AVENUE  
DELRAY BEACH, FL 33444**

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1740314**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSLEAU, BARRY G.  
3605 LOWSON BLVD  
DELRAY BEACH, FL 33445**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	S ENOS, CHRISTINE S. 3605 LOWSON BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRANSLEAU, DAVID J. 65 N.W. 18TH AVENUE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRANSLEAU, KEVIN A. 65 N.W. 18TH AVENUE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRANSLEAU, BARRY G. 3605 LOWSON BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/19/05-80065-004 150.00

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:** *Christine Enos* **CHRISTINE ENOS** 1/13/05 561-276-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #