


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 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
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1740314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRANSLEAU, BARRY G. 3605 LOWSON BLVD DELRAY BEACH, FL 33445
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000618100 02/08/07-80016-015 150.00
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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

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:  CHRISTINE ENOS	1/30/07 5612763087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #