


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90032 017 ***150.00

DOCUMENT # 587556 1. Entity Name PASCO PAINT AND BODY SHOP, INC.					
Principal Place of Business 14027 U.S. HWY 19 N. HUDSON FL 34667-1166				Mailing Address 15808 LYLE CIRCLE HUDSON FL 34667	
2. Principal Place of Business 15808 LYLE CIRCLE		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HUDSON FL		City & State 		4. FEI Number 59-1872819	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, EDWARD L. 14027 U.S. HWY 19 N. HUDSON FL 33567				7. Name and Address of New Registered Agent Name ANDREWS, EDWARD L. Street Address (P.O. Box Number is Not Acceptable) 15808 LYLE CIRCLE City HUDSON FL Zip Code 34667	
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. EDWARD L. ANDREWS SIGNATURE Edward L. Andrews Edward L. Andrews 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VTPD <input type="checkbox"/> Delete NAME ANDREWS, EDWARD L. STREET ADDRESS 14027 U.S. HWY 19 N. CITY-ST-ZIP HUDSON FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 15808 LYLE CIRCLE CITY-ST-ZIP HUDSON FL 34667	
TITLE SD <input type="checkbox"/> Delete NAME ANDREWS, BETTY J. STREET ADDRESS 14027 U.S. HWY 19 N. CITY-ST-ZIP HUDSON FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 15808 LYLE CIRCLE CITY-ST-ZIP HUDSON FL 34667	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Edward L. Andrews (Pres) Edward L. Andrews 4-2-04 8683113 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					