

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643757

Entity Name: FLORIDA AUTO BODY, INC.

FILED  
Jan 14, 2005  
Secretary of State

## Current Principal Place of Business:

825 N W 61 ST  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

825 N W 61 ST  
FT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 59-1963089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUPPE, JAMES  
825 NW 61 STREET  
FORT LAUDERDALE, FL 33309 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: D (X) Delete  
Name: SUPPE, JAMES,  
Address: 3971 COCONUT CREEK BLVD.  
City-St-Zip: COCONUT CREEK, FL

Title: D (X) Delete  
Name: SUPPE, ERMINIA ANN,  
Address: 3971 COCONUT CREEK BLVD  
City-St-Zip: COCONUT CREEK, FL

Title: PT ( ) Delete  
Name: SUPPE, JAMES STEVEN  
Address: 2275 SE 8TH ST  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VS ( ) Delete  
Name: SUPPE, JULIA  
Address: 2275 S.E 8TH ST.  
City-St-Zip: POMPANO BEACH, FL 33062

## 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 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 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: JULIA SUPPE

VP

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date