2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State
08-04-2004 90013 033 ***150.00

DOCUMENT # F01000002091

1. Entity Name
E.B. AUTO BODY SUPPLY & TOOL CORP.

Principal Place of Business	Mailing Address
2609 SAMMONDS RD PLANT CITY, FL 33567	18137 HERON WALK DR. TAMPA, FL 33647

04066632

07082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address (SAME)	
6616 E. BROADWAY AVE		18137 HERON WALK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FL.		City & State: TAMPA FL	
Zip: 33619	Country: USA	Zip: 33647	Country: USA

4. FEI Number 11-2328008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRENNAN, EDWARD J
2609 SAMMONDS RD
PLANT CITY, FL 33567

7. Name and Address of New Registered Agent

Name: BRENNAN EDWARD J
Street Address (P.O. Box Number is Not Acceptable): 6616 E BROADWAY AVE
City: TAMPA **FL** Zip Code: 33619

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: [signature] EDWARD J BRENNAN JR 8/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BRENNAN, EDWARD J JR. 18137 HERON WALK DR TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BRENNAN, DONNA 18137 HERON WALK DR TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] EDWARD J BRENNAN JR 8/1/04 813 994-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #