


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002091 1. Entity Name E.B. AUTO BODY SUPPLY & TOOL CORP.	
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Principal Place of Business 6616 E BROADWAY AVE TAMPA, FL 33619	Mailing Address 18137 HERON WALK DR. TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2328008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, EDWARD J
6616 E BROADWAY AVE
TAMPA, FL 33619**

**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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BRENNAN, EDWARD J JR. 18137 HERON WALK DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS BRENNAN, DONNA 18137 HERON WALK DR TAMPA, FL 33647
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06/04/07-80002-012 150.00

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: Donna Brennan VCS 5/21/07 813 994-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #