


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004347	
1. Entity Name KEYSTONE AUTOMOTIVE INDUSTRIES RESOURCES, INC.	

Principal Place of Business 700 E. BONITA AVENUE POMONA, CA 91767	Mailing Address 85-B CLEVELAND STREET NASHVILLE, TN 37207
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1455545	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000157094 05/06/04-80013-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD HOGARTY, CHARLES J 700 E. BONITA AVENUE POMONA, CA 91767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, D. CURREY 85-B CLEVELAND STREET NASHVILLE, TN 37207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PALUMBO, JOHN M 700 E. BONITA AVENUE POMONA, CA 91767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAINORA, ANTHONY R 85-B CLEVELAND STREET NASHVILLE, TN 37207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LOCKWOOD, JAMES C 700 E. BONITA AVENUE POMONA, CA 91767
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 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: <i>Anthony R Dainora</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04-13-2004 <small>Date</small>	(615) 373-2050 <small>Daytime Phone #</small>
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