


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F09303</b> 1. Entity Name ARRINGTON'S BODY SHOP, INC.					
Principal Place of Business 301 SIXTH ST, S.W. P.O. BOX 914 WINTER HAVEN FL 33880 US			Mailing Address 301 SIXTH ST, S.W. P.O. BOX 914 WINTER HAVEN FL 33880 US		
2. Principal Place of Business  Suite, Apt #, etc.			3. Mailing Address  Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2044642</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ARRINGTON, MARY K 301 SIXTH ST, S.W. WINTER HAVEN FL 33880				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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: <i>Mary K Arrington</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <b>3-31-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ARRINGTON, MARY K 301 SIXTH ST, S.W. WINTER HAVEN FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	V ARRINGTON, MICHAEL 301 SIXTH ST, S.W. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	V ARRINGTON, KAY 301 SIXTH ST, S.W. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	T ARRINGTON, JOSEPH T 301 SIXTH ST, S.W. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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>Mary K Arrington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>3-31-05</b> <small>Daytime Phone #</small>	