


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F75210</b> 1. Entity Name POMPAÑO PAINT & BODY REPAIR, INC.	
---	---

Principal Place of Business 700 S. DIXIE HWY POMPAÑO BEACH, FL 33060	Mailing Address 700 S. DIXIE HWY POMPAÑO BEACH, FL 33060
--	--

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2176825	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  LANE, IDA 700 SOUTH DIXIE HWY WEST POMPAÑO BEACH, FL 33060
---

**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 <u>Peter Lane</u> DATE <u>5/1/07</u>
---	--

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, IDA 1571 SE 24TH AVENUE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANE, PETER N 4611 NE 15TH TERRACE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000763114  
05/29/07-80041-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: <u>Peter Lane</u> <u>Peter Lane</u> 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #