2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-7tP

SIGNATURE:

Sep 22, 2004 8:00 am Secretary of State DOCUMENT # F99000001045 1. Entity Name 9-22-2004 90002 017 ***150.00 MARSHALL AUTO PAINTING & COLLISION, INC. Principal Place of Business Mailing Address 545 MERRY DR ORLANDO FL 32805 545 MERRY DR ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 63-1215576 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTUNG, WAYNE M Street Address (P.O. Box Number is Not Acceptable) 545 MERCY DRIVE ORLANDO FL: 32805 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE S.607.193(2)(b), F.S., allows for the manual late fee. By checking this box, the corporation certifies it for to file is \$150.00. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 Trust Fund Contribution. Addet to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change Addition HATUNG, WAYNE M NAME NAME STREET ADDRESS 545 MERCY DRIVE STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this ming does not quality to the exemption stated in Section 1.19.07(3)(i), hidrod statutes. I furner 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.

FILED