2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G42346

1. Entity Name
POMPI'S PAINT & BODY SHOP INC.

Principal Place of Business

9917 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837-8919

Mailing Address

9917 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837-8919

DO NOT WRITE IN THIS SPACE

01192005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2244903

Applied For

Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, POMPOSO
1110 PERKINS RD.
ORLANDO, FL 32809

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	GONZALEZ, POMPOSO
STREET ADDRESS	1110 PERKINS RD
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	D
NAME	GONZALEZ, MARIA J.
STREET ADDRESS	1110 PERKINS RD.
CITY-ST-ZIP	ORLANDO, 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	

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01/24/05-80186-011 150.00

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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: _Pomposo G. Gonzalez_ 01/19/05 407-855-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #