# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2011**
**Secretary of State**

DOCUMENT# G42998

**Entity Name:** MORRIS COUNTY AUTO BODY, INC.

**Current Principal Place of Business:**

8739 ST. RD. 52
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8739 ST. RD. 52
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number: 59-2302546** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALSH, ROBERT D
8739 STATE ROAD 52
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: WALSH, ROBERT D
Address: 564 N. AFTERGLOW CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPTD
Name: WALSH, VIVIENNE L
Address: 564 N. AFTERGLOW CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S
Name: WALSH, ROBERT M
Address: 564 N. AFTERGLOW CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D WALSH PD 01/04/2011

Electronic Signature of Signing Officer or Director — Date