## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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1. Entity Name

GEORGE KICHLER'S PAINT AND BODY SHOP, INC.



Principal Place of Business

C/O GEORGE P. KICHLER, JR. 5801 LILLIAN HWY. PENSACOLA, FL 32506 Mailing Address\*

C/O GEORGE P. KICHLER, IR. 5801 LILLIAN HWY. PENSACOLA, FL 32506



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2310858 Not Applied be

5. Certificate of Status Desired See Required Fee Required

KICHLER, GEORGE P., JR. 5801 LILLIAN HWY. PENSACOLA EL 32506

## DO NOT WRITE IN THIS SPACE

PENSACC	DLA, FL 32506		IN THIS SPACE					
8. The above	named entity submits this statement for the	ourpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am fa	miliar with, and accept		
	ions of registered agent.					,		
SIGNATURE_								
	Signatura, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	gent signature	required when reinstating)	- DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS				<u> </u>		
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12. Thereby of indicated of the con-	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered	ling does not qualify for the exemand accurate and that my signatured to execute this report as required.	ptions con e shall hav d by Chant	ntained in Chapter 11 re the same legal effe ter 607. Florida Statut	<ol> <li>Florida Statutes. I further certify of as if made under oath; that I am as: and that my name appears in I</li> </ol>	y that the information n an officer or director Block 10 or Block 11 if		

of the corporation or the receiver of 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:

E AND PED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

1-10-06 850 455-871