

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # G92854

1. Entity Name
ELECTRO-BAKE AUTO PAINTING CORPORATION OF HUDSON



Principal Place of Business
**12623 U.S. 19
HUDSON, FL 34667-1955**

Mailing Address
**12623 U.S. 19
HUDSON, FL 34667-1955**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2412244

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLARK, CHAD E
7497 OAK TREE LANE
SPRINGHILL, FL 346**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, GARY
STREET ADDRESS	9281 BELVEDERE ST.
CITY-ST-ZIP	SPRING HILL, FL
TITLE	VTS
NAME	CLARK, PAMELA
STREET ADDRESS	9281 BELVEDERE ST.
CITY-ST-ZIP	SPRINGHILL, FL
TITLE	T
NAME	CLARK, CHAD
STREET ADDRESS	74917 OAK TREE LANE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000542553
05/10/06-80104-001 150.00

**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: *Pamela Clark - Pamela Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 *727-863-1563*
Date Daytime Phone #