## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # H23462** 1. Entity Name PREFERRED PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address % CARL HUEY % CARL HUEY 2510 SPRINGHILL RD. 2510 SPRINGHILL RD. TALLAHASSEE, FL 32310-6148 TALLAHASSEE, FL 32310-6148 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2462355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUEY, CARL DO NOT WRITE 2510 SPRINGHILL RD. TALLAHASSEE, FL 32304 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 Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent algosture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUEY, CARL NAME STREET ADDRESS 2510 SPRINGHILL RD. CITY-ST-ZIP TALLAHASSEE, FL TITLE HUEY, MARCIA NAME STREET ADDRESS 2510 SPRINGHILL RD. CITY-ST-ZIP TALLAHASSEE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME U000000706971 STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

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ME OF SIGNING OFFICER OR DIRECTOR

04/24/07-80056-008 150.00