

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H43823

1. Entity Name
STUDIO CUSTOM PAINT AND BODY SHOP, INC.



Principal Place of Business
**3907 W CAYVGA ST
TAMPA, FL 33614 US**

Mailing Address
**4109 W MULLEN AVE
TAMPA, FL 33609 US**

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2495617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONROSE, J. GEORGE, JR.
4109 W. MULLEN AVE
TAMPA, FL 33611**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **MONROSE, J. GEORGE, JR.**
STREET ADDRESS **4109 W MULLEN AVE**
CITY-ST-ZIP **TAMPA, FL**

TITLE TD
NAME **MONROSE, MAMIE G.**
STREET ADDRESS **4109 W. MULLEN AVE**
CITY-ST-ZIP **TAMPA, FL**

TITLE VD
NAME **CASSATT, REX LYNN**
STREET ADDRESS **3409 SANTIAGO ST.**
CITY-ST-ZIP **TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000120895
04/20/04-80027-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mamie G. Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

DATE

813-221-9300

DAYTIME PHONE #