2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H43823

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

Principal Place of Business	Mailing Address
3907 W CAYUGA ST TAMPA, FL 33614 US	4109 W MULLEN AVE TAMPA, FL 33609 US

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04122006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	MONROSE, J. GEORGE, JR.
STREET ADDRESS	4109 W MULLEN AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	TD
NAME	MONROSE, MAMIE G.
STREET ADDRESS	4109 W. MULLEN AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VD
NAME	CASSATT, REX LYNN
STREET ADDRESS	7675 8TH ST. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 337025229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80003-014 150.00

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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: Mamie D. Monrose 4-19-06 813-286-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #