



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # J09193 1. Entity Name SELDOMRIDGE BODY SHOP, INC.	
--	---

Principal Place of Business 551508 US HWY 1 HILLIARD, FL 32046 US	Mailing Address PO BOX #39 HILLIARD, FL 32046
---	---

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

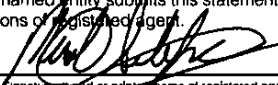
4. FEI Number 59-3352214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SELDOMRIDGE, MICHAEL
551508 US HWY 1
HILLIARD, FL 32046**

**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  DATE 1-12-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000601953 01/26/07-80069-021 158.75
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELDOMRIDGE, JOHN P.O. BOX 3 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SELDOMRIDGE, CATHY P.O. BOX 3 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SELDOMRIDGE, MICHAEL P O BOX 3 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Cathy Seldomridge DATE 1-12-07 DAYTIME PHONE # 904-845-4193

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR