


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J80404**  
 1. Entity Name  
**MASTER TOUCH AUTO BODY, INC.**



Principal Place of Business 1508 VISCAYA PARKWAY CAPE CORAL FL 33990  
 Mailing Address 1508 VISCAYA PARKWAY CAPE CORAL FL 33990

2. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt #, etc.  
 City & State

Zip                      Country                      Zip                      Country                     



1st MOORE CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**JOHNSTON, JAMES C.**  
**4232 ERWALE DR**  
**FORT MYERS FL 33903**

4. FEI Number **59-2846021** Applied For  Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	MUCHMORE, JOSEPH E.	
STREET ADDRESS	4232 ERINDALE DR	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MUCHMORE, CHARLOTTE L.	
STREET ADDRESS	4232 ERINDALE DR	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100000227986	
CITY-ST-ZIP	02/14/05-80021-001 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Joseph E. Muchmore **JOSEPH E. Muchmore** 2/11/05 574-6711  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #