


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K01985**  
 1. Entity Name  
**CHUCK'S PAINT & BODY SHOP, INC.**



Principal Place of Business  
**SECTION B, BAY 27 & 28**  
**HALLANDALE, FL 33009-3059**

Mailing Address  
**2401 S.W. 31ST AVE**  
**HALLANDALE, FL 33009-3050**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0024338</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COLUMBIS, CHARLES**  
**5910 SW 172ND AVENUE**  
**FORT LAUDERDALE, FL 33331**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PST COLUMBIS, CHARLES 5910SW 172ND AVENUE FORT LAUDERDALE, FL 33331
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 01/18/06-80008-021 150.00

**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 an other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **1-11-06** **505 966-1925**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #