

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K89210

1. Entity Name
PRECISION AUTO BODY WORKS, INC.



Principal Place of Business

ELAINE ABRAMCZYK
400 W. INDUSTRIAL AVE.
BOYNTON BCH, FL 33426

Mailing Address

ELAINE ABRAMCZYK
400 W. INDUSTRIAL AVE.
BOYNTON BCH, FL 33426

DO NOT WRITE IN THIS SPACE

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3014065	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ELAINE ABRAMCZYK
400 W. INDUSTRIAL AVENUE
BOYNTON BCH, FL 33426

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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, 2005 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	P ABRAMCZYK, EDWARD 3605 S. OCEAN BLVD. 319C PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAMCZYK, ELAINE 3605 S. OCEAN BLVD. 319C PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000277840
03/28/05-80002-010 150.00

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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)(l), 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: *Elaine Abramczyk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05 (561) 736-1007

Date

Daytime Phone #