

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K89210 1. Entity Name PRECISION AUTO BODY WORKS, INC.	
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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
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01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3014065	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ELAINE ABRAMCZYK 400 W. INDUSTRIAL AVENUE BOYNTON BCH, FL 33426
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**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 registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	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
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02/15/06-80017-001 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Abramczyk ELAINE ABRAMCZYK 1-26-06 (561) 736-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #