2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000002784

1. Entity Name
CRAFTMASTER AUTO BODY, L.C.

Principal Place of Business	Mailing Address
800 SO. HARBOR CITY BLVD MELBOURNE, FL 32901	805 E. HIBISCUS BLVD. MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

03092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
59-3626655		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

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

FRESE, GARY B
930 S. HARBOR CITY BLVD. SUITE 505
MELBOURNE, FL 32901

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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

Filing Fee is $50.00
Due by May 1, 2004

U00000086179
03/12/04--00013-009 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KLENCK, JEROME W SR
STREET ADDRESS	805 E. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGRK
NAME	KLENCK, MARK
STREET ADDRESS	800 SOUTH HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jerome W Klenck_   3/9/04   321-726-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #