


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000004534</b> 1. Entity Name GULF COAST PAINT & BODY, L.L.C.	
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Principal Place of Business 815 NORTH OLD CORRY FIELD ROAD PENSACOLA, FL 32506	Mailing Address 815 NORTH OLD CORRY FIELD ROAD PENSACOLA, FL 32506
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09102004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3648590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SILCOX, JERRY 815 NORTH OLD CORRY FIELD ROAD PENSACOLA, FL 32506
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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.

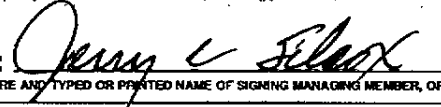
SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	U000000172454 09/22/04-800001-018 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILCOX, JERRY 12 GAIL DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTICE, RICHARD D 7756 PONTIAC DRIVE PENSACOLA, FL 32506
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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.

<b>SIGNATURE:</b> 	9/19/04 (850) 4558385
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>