## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # L97064 1. Entity Name 01-26-2005 90014 032 \*\*\*158.75 PEERLESS AUTO BODY, INC. Principal Place of Business Mailing Address 590 SOUTH DIXIE HIGHWAY, EAST POMPANO BEACH FL 33060 590 SOUTH DIXIE HIGHWAY, EAST POMPANO BEACH FL 33060 40006965 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0212635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTELLA, ORLANDO 360 S.E. 3RD COURT POMPANO BEACH FL 33060 Street Address (P.O. Box Number is Not Acceptable) 206 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD THTLE ☐ Addition Delete NAME ROTELLA, ORLANDO A NAME 360 SE 3RD COURT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Addition ROTELLA, MARCIA A NAME NAME 15 Cours 360 SE 3RD COURT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE ☐ Addition NAME ROTELLA, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 481 SE 1ST TERR CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ROTELLA, STEPHEN M NAME NAME STREET ADDRESS 2835 SW 11TH PL STREET ADDRESS CHTY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TiTtE DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 12. Thereby 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 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED