

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L97064

1. Entity Name

PEERLESS AUTO BODY, INC.



Principal Place of Business

590 SOUTH DIXIE HIGHWAY, EAST
POMPANO BEACH FL 33060

Mailing Address

590 SOUTH DIXIE HIGHWAY, EAST
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0212635**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTELLA, ORLANDO
2064 SW 15 COURT
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	ROTELLA, ORLANDO A	
STREET ADDRESS	2064 SW 15 COURT	
CITY- ST- ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	☐ Delete
NAME	ROTELLA, MARCIA A	
STREET ADDRESS	2064 SW 15 COURT	
CITY- ST- ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	☐ Delete
NAME	ROTELLA, MICHAEL A	
STREET ADDRESS	1239 SW 25 AVE	
CITY- ST- ZIP	GRAND RIDGE FL 32442	
TITLE	S	☐ Delete
NAME	ROTELLA, STEPHEN M	
STREET ADDRESS	2835 SW 11TH PL	
CITY- ST- ZIP	DEERFIELD BEACH FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
	U000000601935 01/26/07-80069-015 158.75
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

Orlando Rotella 1-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #