


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M36610</b> 1. Entity Name PINELLAS AUTO BODY AND SERVICE, INC.	
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Principal Place of Business 2084 RANGE ROAD CLEARWATER, FL 33765 US	Mailing Address 2084 RANGE ROAD CLEARWATER, FL 33765 US
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**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2794310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  LAGOS, MARK 2084 RANGE ROAD CLEARWATER, FL 33765	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KASTRENAKES, MANUEL 2084 RANGE ROAD CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGOS, MARKOS K. 2084 RANGE RD. CLEARWATER, FL
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000000695298  
04/17/07-80054-016 150.00

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

**SIGNATURE: Markos K. Lagos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-07 (727) 446-409  
Date Daytime Phone #