


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M69017 1. Entity Name AFFORDABLE AUTO PAINTING, INC. |  |
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| Principal Place of Business C/O JEFF RICHEY 539 SOUTH MARKET AVENUE FORT PIERCE, FL 34982 | Mailing Address C/O JEFF RICHEY 539 SOUTH MARKET AVENUE FORT PIERCE, FL 34982 |
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03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 4. FEI Number 65-0024113 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RICHEY, JEFFREY A. 539 SOUTH MARKET AVENUE FORT PIERCE, FL 34982 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000268792
03/18/05-80056-017 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RICHEY, JEFFREY A. 5406 MYRTLE DR FORT PIERCE, FL 34982 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any change, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-05