


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000022500
 1. Entity Name
 ON THE SPOT PAINT REPAIR, INC.



Principal Place of Business 13801 MATTIX AVENUE HUDSON, FL 34667	Mailing Address 13801 MATTIX AVENUE HUDSON, FL 34667
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02062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3625629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURGE, GARY
 13801 MATTIX AVENUE
 HUDSON, FL 34667

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGE, GARY 13801 MATTIX AVENUE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGE, JENNIFER R 13801 MATTIX AVENUE HUDSON, FL 34667
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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)(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.

SIGNATURE: *Gary Paul Burge, Jr.* 2/28/05 729-389-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #