


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90436 030 ***150.00

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	
2. Principal Place of Business 13119 Shadberry Lane Suite, Apt. #, etc.		3. Mailing Address 13119 Shadberry Ln Suite, Apt. #, etc.	
City & State Hudson FL		City & State Hudson FL	
Zip 34667	Country USA	Zip 34667	Country USA
6. Name and Address of Current Registered Agent BURGE, GARY 13801 MATTIX AVENUE HUDSON, FL 34667		7. Name and Address of New Registered Agent Name: <u>Burge, Gary</u> Street Address (P.O. Box Number is Not Acceptable): <u>13119 Shadberry Lane</u> City: <u>Hudson</u> FL Zip Code: <u>34667</u>	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGE, GARY 13801 MATTIX AVENUE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burge, Gary 13119 Shadberry Lane Hudson FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGE, JENNIFER R 13801 MATTIX AVENUE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burge, Jennifer 13119 Shadberry Lane Hudson FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jennifer Burge - Jennifer Burge</u>		Date: <u>4/19/06</u>	Daytime Phone #: <u>727-697-0628</u>

20041945



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3625629 Applied For Not Applicable

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