2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

FILED
May 14, 2004 8:00 am
Secretary of State

04-27-2004 90057 025 ***150.00

DOCUMENT # P00000052901

1. Entity Name

THE NEW PALM COAST AUTO BODY, INC.

Principal Place of Business	Mailing Address
4365 B HWY. 100 EAST BUNNELL FL 32110	4365 B HWY. 100 EAST BUNNELL FL 32110

00421J0U

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
4365 B. HWY 100	22 BULLDOG DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BUNNELL FL	City & State BUNNELL FL
Zip 32110 Country FLAGLER	Zip 32110 Country FLAGLER

4. FEI Number 59-2661616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILLS, WILLIAM M
21 CLEARVIEW COURT SOUTH
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. CURRENT OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	O	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILLS, WILLIAM M		NAME	
STREET ADDRESS	21 CLEARVIEW COURT SOUTH		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: William M Hills WILLIAM M. HILLS 5-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386 437 4380