


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000061286</b> 1. Entity Name <b>PARAMOUNT PAINTING &amp; COLLISION, INC.</b>	
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Principal Place of Business <b>7287 W BEAVER ST JACKSONVILLE, FL 32254</b>	Mailing Address <b>7287 W BEAVER ST JACKSONVILLE, FL 32254</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3648361</b>	Applied For <input type="checkbox"/> 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  <b>JOHNSON, MARY J 7287 W BEAVER ST JACKSONVILLE, FL 32254</b>
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<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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, RONALD W 10250 JOHNNA KAY CT JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JOHNSON, MARY JANE 1749 TUSTENAGGEE CT. BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/04-80048-002 150.00

**DO NOT WRITE  
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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 of Block 11 if changed, or on an attachment with an address, with all other filers empowered.

**SIGNATURE:**  **4-23-07 904-283-2009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #