


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90020 049 \*\*\*150.00

<b>DOCUMENT # P00000069928</b> 1. Entity Name <b>BEDAZZLED AUTOMOTIVE RESTORATION, INC.</b>																													
Principal Place of Business <b>7511 TACONY DRIVE JACKSONVILLE, FL 32277</b>			Mailing Address <b>7511 TACONY DRIVE JACKSONVILLE, FL 32277</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number <b>59-3659858</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent <b>KEASLER, FRANK R JR 4309 PABLO OAKS CT STE 5 JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name <b>STEFFANIE M. SNYDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5147 FLORAL BLUFF RD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32211</b>																									
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 <i>Steffanie M. Snyder</i> <b>STEFFANIE M. SNYDER</b> <i>April 14, 2004</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<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</b> May Be Added to Fees																											
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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:** *Kelly Holochwost* **Kelly Holochwost** *4-14-04* *7441272*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #