2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 AM Secretary of State DOCUMENT # P01000002133 1. Entity Name CELICO AUTO BODY, INC. Principal Place of Business Mailing Address **309 N. STATE STREET POST OFFICE BOX 923** BUNNELL; FL 32110 BUNNELL, FL 32110 No Chg-P CR2E034 (11/05) 01122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3695493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE CELICO, CARLO 17 FERN COURT PALM COAST, FL 32137 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 -After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE U00000851771 1.03/26/08 80002-015 150.00 NAME CELICO, CARLO 301 WEST LAMBERT STREET STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 321100923 TITLE NAME CELICO, FINITA STREET ADDRESS 301 WEST LAMBERT STREET CITY-ST-ZIP BUNNELL, FL 321100923 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO TITLE

12. I hereby certify that the information supplied with this filling 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 or trustee empowered to execute this report an address, with all other like empowered. changed, or on an attachment

NAME . . . STREET ADDRESS CITY-ST-ZIP

2-27-08

386-437-3995

FILED