

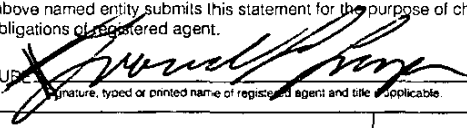
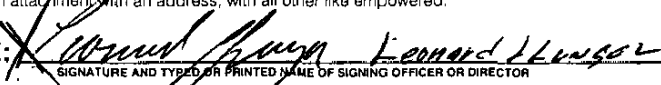


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90100 047 \*\*\*150.00

|   |                                      |  |   |  |  |
|---|--------------------------------------|--|---|--|--|
| DOCUMENT # P01000011393   |                                      |  |   |   |  |
| 1. Entity Name<br>EASTWOOD TRIM & COLLISION, INC.   |                                      |  |   |  |  |
| Principal Place of Business<br>1281 NORTH TAMiami TRAIL<br>NORTH FORT MYERS, FL 33903   |                                      | Mailing Address<br>1281 NORTH TAMiami TRAIL<br>NORTH FORT MYERS, FL 33903        |   | 50025504   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                                      | City & State   |   | 01212005 Chg-P CR2E034 (10/03)   |  |
| Zip   |                                      | Country  |   | 4. FEI Number<br>65-1102400  |  |
| Zip   |                                      | Country  |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired  |                                      | <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>343 ALMERIA AVENUE<br>CORAL GABLES, FL 33134   |                                      |  | 7. Name and Address of New Registered Agent<br>Name: <u>LEONARD LUNGER</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>1281 NORTH TAMiami TRAIL</u><br>City: <u>N. Ft. MYERS</u> FL Zip Code: <u>33903</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:   |                                      | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE: <u>3-9-05</u>  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 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   | PSTD <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | LUNGER, LEONARD L                    | NAME   |   |  |  |
| STREET ADDRESS  | 1281 NORTH TAMiami TRAIL             | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   | NORTH FORT MYERS, FL 33903           | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  |                                      | NAME   |   |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  |                                      | NAME   |   |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  |                                      | NAME   |   |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |   |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |                                      | Date: <u>3-9-05</u>  |   | Daytime Phone #: <u>759 447 1489</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      |  |   |  |  |