# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P01000023566

1. Entity Name ZEYER'S PAINT & BODY, INC.



Principal Place of Business

1783 W. 32 PLACE HIALEAH, FL 33012 Mailing Address

1783 W. 32 PLACE HIALEAH, FL 33012

## FILED Mar 31, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
65-1096322		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZEYER, JEFFERY D 1783 W. 32 PLACE HIALEAH, FL 33012

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

F-25-04

<u>(305) 886.4523</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 Borida. 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 relinatating)  DATE							
		Election Campaign Financ Trust Fund Contribution.			U00000099687 03/31/04-80015-019 150.00		
10.	ÓFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEYER, JEFFERY D 1783 W. 32 PLACE HIALEAH, FL. 33012						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE MAME STREET ADDRESS CLTY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE MAME STREET ADDRESS 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.							

ED NAME OF SIGNING OFFICER OR DIRECTOR