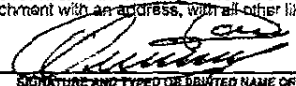


FILED

Apr 12, 2004 08:00 AM

Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000084640 1. Entity Name B&J'S AUTO BODY, INC.			
Principal Place of Business 4017 BAHIA ISLE CIR WELLINGTON, FL 33467		Mailing Address 4017 BAHIA ISLE CIR WELLINGTON, FL 33467	
DO NOT WRITE IN THIS SPACE		 03182004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1128575		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUSTE, JONAS 4017 BAHIA ISLE CIR WELLINGTON, FL 33467		DO NOT WRITE 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.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000108543 14/12/04-80007-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT AUGUSTE, JONAS 4017 BAHIA ISLE CIR. WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME 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.			
SIGNATURE: 		03-16-04 617-549-7760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	