


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000086995
1. Entity Name
RANDY'S AUTO BODY, INC.



Principal Place of Business
86 SOUTH YONGE STREET
ORMOND BEACH, FL 32174

Mailing Address
86 SOUTH YONGE STREET
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3749920

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRABTREE, RANDY HOWARD
86 SOUTH YONGE STREET
ORMOND BEACH, FL 32174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRABTREE, RANDY H
STREET ADDRESS	86 S. YONGE ST.
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	VP
NAME	CRABTREE, DAVID JR
STREET ADDRESS	400 W NEW ENGLAND AVE #11
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	ST
NAME	BRENNAN, KATHLEEN
STREET ADDRESS	257 MIDWAY AVE
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: Kathleen Brennan 4-19-05 386-677-5748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #