


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 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**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3749920	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, RANDY HOWARD  
 86 SOUTH YONGE STREET  
 ORMOND BEACH, FL 32174

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

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

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 02/18/08-80034-010 158.75

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Brennan Date: 2-5-08 Daytime Phone #: 386-677-5748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR