

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90046 028 ***150.00

DOCUMENT # P01000110147 1. Entity Name FENDER BLENDERS AUTOMOTIVE REFINISHING, INC.					
Principal Place of Business 125 NE 7TH AVE HIGH SPRINGS, FL 32643			Mailing Address 125 NE 7TH AVE HIGH SPRINGS, FL 32643		
2. Principal Place of Business 4119 SW 162nd Street Suite, Apt. #, etc.		3. Mailing Address 4119 SW 162nd Street Suite, Apt. #, etc.			
City & State Archer, FL 32618 Zip 32618 Country USA		City & State Archer, FL 32618 Zip 32618 Country USA		4. FEI Number 59-3760079	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BERENGER, ELIZABETH F 125 NE 7TH AVENUE HIGH SPRING, FL 32643			7. Name and Address of New Registered Agent Name BERENGER, ELIZABETH F. Street Address (P.O. Box Number is Not Acceptable) 4119 SW 162ND STREET City ARCHER FL Zip Code 32618		
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: <u>Elizabeth F. Berenger, VP</u> Elizabeth F. Berenger 3/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERENGER, ROBERT L 2704 N W 45TH PLACE GAINESVILLE, FL 32605	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BERENGER, ELIZABETH F 2704 N W 45TH PLACE GAINESVILLE, FL 32605	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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: <u>Elizabeth F. Berenger</u> Elizabeth F. Berenger 3/29/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		