2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 01, 2006 08:00 AM DOCUMENT # P01000112229 **Secretary of State** 1. Entity Name ROSLUND'S PAINT & BODY SHOP INC. Principal Place of Business Mailing Address 3138 W. THARPE ST. TALLAHASSEE FL 32303 3138 W. THARPE ST. TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3759290 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSLUND, GERALD O Street Address (P.O. Box Number is Not Acceptable) 2756 COMPTON WAY TALLAHASSEE FL 32309 Zip Code City 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 title if applicable (NOTE Registered Agent signature required when rematating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Ba 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change TITLE U00000413323 NAME ROSLUND, GERALD NAME STREET ADDRESS STREET ADDRESS 2956 COMPTON WAY 02/10/06-80086-008 150.00 CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32309 ☐ Change Addition Addition Defete TITLE TITLE NAME ROSLUND, SHELLY MAKE 2956 COMPTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32309 Change The Addition me HILE NAME MAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete SITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP TITLE Change A.F. "A" ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ademi. ☐ Change ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED