## 2004 FOR PROFIT CORPORATION

## **FILED** 2004 08:00 AM

ANNUAL REPORT			Apr 23, 2004 00:00 A			
DOCUMENT # P020000007			Sec	retary of State	•	
<ol> <li>Entity Name</li> <li>CP AUTO BODY &amp; BOAT T-TOPS, INC.</li> </ol>						
Principal Place of Business 6451 ULMERTON RD UNIT K	Mailing Address 6451 ULMERTON RD UNIT K					
LARGO, FL 33771	LARGO, FL 33771					
27	<u> </u>					
			01062004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA		CE	4. FEI Numb		Applied For	
			01-055	6335 of Status Desired	Not Applicab	ie
6. Name and Address of Current R	gistered Agent		a. Cemisale	or Status Desired	Fee Required	<u></u>
MORAIS. ZELIA			DO	NOT W	DITE	
1959 BARRINGTON DR CLEAR WATER, FL 33763		DO NOT WRITE IN THIS SPACE				
			117	iniə ər	ACE	
The above named entity submits this statement for	he purpose of changing its register	red office or registe	red agent, or bo	ith, in the State of Fic	orida. I am familiar with, and accep	ot
the obligations of registered agent.	iñin			4	11/2004	
SIGNATURE Signature, typed or printed name of registered agent an	fille if applicable. (NOTE, Register	ed Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution		.00 May Be ded to Fees			
10. OFFICERS AND C	RECTORS	-	<del></del>	<del>' ,</del>		
NAME MORAIS, ZELIA STREET ADDRESS 8451 ULMERTON RD UNIT K				Unnana	127878	
CITY-ST-ZIP LARGO, FL 33771	<del>-</del>	_		.000000 1-40/26/04	30017-001 150.00	
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP		_				
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			DO	NOT W	/RITE	
TITLE			-	THIS SE	-	
NAME STREET ADDRESS			114	71110 01	AOL	
CITY-ST-ZIP TITLE	<u> </u>			* <del>*</del> · .	- * *	
MAME STREET ADDRESS						
CITY-ST-ZIP		4				
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP					2 0.40	

12. Thereby certify that the information supplied with this filling 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 oddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #