## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2007 8:00 am Secretary of State

DOCUMENT # P0200070205  1. Entity Name SANFORD PAINT & BODY WRECKER SERVICES & SANFORD TOWING & RECOVERY, INC.				Secretary of State 02-01-2007 90023 043 ***150.00				
Principal Plac	ce of Business	Mailing Address		1				
PO BOX 925 Sanford, Fi		PO BOX 925 Sanford, FL 32771		PAG	ITALOT			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
9293	CountryClubRord		stry auto R		UJIO 14014 UUJII UUJII UI		EUS EILLI EUCERI MII	IADI II IABI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.7	01112007	Chg-P	CR2E03	34 (12/06)	
City & Stat	· -	City & State		4. FEI Number			<del></del>	plied For
Zip	Country	Zip	Country	90-0037			8.75 Add	t Applicable
3277	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	30001	USA	5. Certificate of	f Status Desired		ee Require	
	6. Name and Address of Current F	legistered Agent	Nome	7. Name and /	Address of New	Registered A	gent	
BUSSEY, 1	FRANCIS F	Name						
2522 COU	INTRY CLUB RD		Street Address	(P.Ö. Box Number	is Not Acceptab	ie)	<u> </u>	
SANFORD	),-FL∴32771							<del></del>
			City	·		FL	Zip Code	<del></del>
8. The above	named entity submits this statement for	egistered office or registe	ered agent, or both	, in the State of F		amiliar with.	and accept	
	tions of registered agent.			<b>J</b>				•
SIGNATURE_								
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: I	Registered Agent signature require	kt when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign F  Trust Fund Contribution				i.00 May Be				
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10.	OFFICERS AND D		11.		HANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
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TITLE	PST ;	DIRECTORS	11.		HANGES TO OF			
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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 occurate 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.

CITY-ST-ZIP

SIGNATURE: \_\_\_

CITY-ST-ZIP

SIGNATURE ON TYPED OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

تولایتا/

401-322-8930

Daytime Phone #