2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P02000079904 1. Entity Name FINAL AUTO FINISH INCORPORATION Mailing Address Principal Place of Business 10424 138TH STREET NORTH 10424 138TH STREET NORTH LARGO, FL 33774 LARGO, FL 33774 03162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3643997 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WHITELEY, RICHARD L 10424 138TH STREET NORTH LARGO, FL 33774 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 Signature, typed or printed name of registered agent and Bile if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WHITELEY, RICHARD L NAME U00000321310 STREET ADDRESS 10424 138TH STREET NORTH 04/ŽĨ/ŎŠ-8ŌÔ?Ź-O24 150.00 CITY-ST-ZIP LARGO, FL 33774 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby 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 eath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this peop that a required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED