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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000084197

1. Entity Name
SCRATCH N DENT AUTOBODY SPECIALISTS, INC.

FILED
04 AUG 10 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
24318 U.S. 19 NORTH CLEARWATER, FL 33763	24318 U.S. 19 NORTH CLEARWATER, FL 33763

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
76-0710509
Applied F
Not Appli

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 a the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 1		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FITZPATRICK, BRYAN L 24318 U.S. 19 NORTH CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TONER, STEVEN G 24318 U.S. 19 NORTH CLEARWATER, FL 33763	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRIFFITH, DAVID 24318 U.S. 19 NORTH CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FITZPATRICK, NANCY 24318 U.S. 19 NORTH CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FITZPATRICK, NANCY 24318 U.S. 19 NORTH CLEARWATER, FL 33763	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

8/8/10

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 infor 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 d 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 Blo changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan Fitzpatrick 7-29-04 727-799-2999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #