

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084197

FILED
Sep 06, 2006
Secretary of State

Entity Name: SCRATCH N DENT AUTOBODY SPECIALISTS, INC.

Current Principal Place of Business:

24318 U.S. 19 NORTH
CLEARWATER, FL 33763

New Principal Place of Business:

9491 ULMERTON RD
LARGO, FL 33771

Current Mailing Address:

24318 U.S. 19 NORTH
CLEARWATER, FL 33763

New Mailing Address:

9491 ULMERTON RD
LARGO, FL 33771

FEI Number: 76-0710509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, BRYAN
24318 U.S. 19 NORTH
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

FITZPATRICK, BRYAN
9491 ULMERTON RD
LARGO, FL 33771 US

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.

SIGNATURE: BRYAN FITZPATRICK

09/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZPATRICK, BRYAN L
Address: 24318 U.S. 19 NORTH
City-St-Zip: CLEARWATER, FL 33763

Title: VD (X) Delete
Name: GRIFFITH, DAVID
Address: 24318 U.S. 19 NORTH
City-St-Zip: CLEARWATER, FL 33763

Title: DV () Delete
Name: FITZPATRICK, NANCY
Address: 24318 U.S. 19 NORTH
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FITZPATRICK, BRYAN L
Address: 9491 ULMERTON RD
City-St-Zip: LARGO, FL 33771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: FITZPATRICK, NANCY
Address: 9491 ULMERTON RD
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN FITZPATRICK

PD

09/06/2006

Electronic Signature of Signing Officer or Director

Date