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FILED
Sep 08, 2005 08:00
Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004049

Entity Name
GREGORY'S BODY & FRAME SHOP, INC.

Principal Place of Business	Mailing Address
6210 OLD RIDGE ROAD PORT RICHEY, FL 34668 US	6210 OLD RIDGE ROAD PORT RICHEY, FL 34668 US

DO NOT WRITE IN THIS SPACE

08182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3104062

Applied For ☐
No. Applied ☐

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

6. Name and Address of Current Registered Agent

GREGORY, STEVEN
6210 OLD RIDGE ROAD
PORT RICHEY, FL 34668

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P,VP
NAME	GREGORY, STEVEN
STREET ADDRESS	6415 PENSIVE DRIVE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 address, with all other like empowered.

SIGNATURE: _____ 2278427938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1-727-842-7938