

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000014614  
 1. Entity Name  
 T & T AUTO BODY, INC.



**FILED**  
**Aug 08, 2008 08:00 AM**  
 Secretary of State

Principal Place of Business      Mailing Address  
 2590 MICHIGAN AVE. STE A      2590 MICHIGAN AVE. STE A  
 KISSIMMEE, FL 34744      KISSIMMEE, FL 34744



08042008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 90-0217397      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TAVAREZ, EVELYN  
 3218 HUNTERS CHASE LOOP  
 KISSIMMEE, FL 34743

**DO NOT WRITE 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 \_\_\_\_\_      U00000957349  
 \_\_\_\_\_      08/08/08-80006-003 150.00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAVAREZ, LUIS
STREET ADDRESS	2590 MICHIGAN AVE. STE A
CITY-ST-ZIP	KISSIMMEE, FL 34744
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	

**DO NOT WRITE IN THIS SPACE**

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 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: *[Signature]*      8/4/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #