


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90188 013 \*\*\*150.00

DOCUMENT # P03000015446							
1. Entity Name EDDIE'S AUTO PAINT & BODY, INC.							
Principal Place of Business 1700 AVE L RIVIERA BEACH FL 33404		Mailing Address 1700 AVE L RIVIERA BEACH FL 33404					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 76-0724594			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAVES, WILLIAM E 2405 24 LN GREENACRES FL 33463			7. Name and Address of New Registered Agent Name: <u>Christy L. Peterson</u> Street Address (P.O. Box Number is Not Acceptable): <u>12232 67 ST NORTH</u> City: <u>West Palm Bch.</u> FL Zip Code: <u>33412</u>				
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: <u>Christy L. Peterson</u> DATE: <u>3-26-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D HALL, EDDIE R	18727 ORANGE BLVD	LOXAHATCHEE FL 33470				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Eddie Hall Sr.</u>			DATE: <u>4-13-07</u> (561-842-5124)				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>			<small>SEVEN (7) YEARS</small>	