


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90001 045 ***150.00

DOCUMENT # P03000054267 1. Entity Name SOUTHWEST FLORIDA MOBILE REPAIR & REFINISHING, INC.																																																																																																																													
Principal Place of Business 19001 TAMPA ROAD S. FT. MYERS, FL 33912			Mailing Address 19001 TAMPA ROAD S. FT. MYERS, FL 33912																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 13-4251764																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
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																																																																																																																									
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.				FL Zip Code																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">ANDERSON, SUSAN L</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">19001 TAMPA ROAD S. FT. 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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: <u><i>Susan L Anderson</i></u> 4-27-05 239-267-9904 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

50053056



04192005 Chg-P CR2E034 (10/03)

ENCLOSURE
#P03000054267
50053056

April 30, 2005

Division of Corporations,
Annual Report.

Enclosed please find my check for \$150.00 for the annual renewal of Southwest Florida Mobile Repair and Refinish Inc. Doc #P03000054267, I mailed in the form 4-28-05 and did not enclose the check. I am very sorry this is human error on my part. I certainly hope that I am not fined for this as I did find my error today 4-30-05 and will make sure that this letter and check are post marked today.

Thank you,

Susan L. Anderson

President

5-27-05

Received Form back because no
check 5-18-05 - Received CK back
5-22-05 no form.

Here are both.

Thank you.

A. Anderson