

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

50053056



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
13-4251764

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	PSTD ANDERSON, SUSAN L 19001 TAMPA ROAD S. FT. MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan L. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 239-267-9904
Date Daytime Phone #

#P03000054267
5053056

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 Ch back
5-22-05 no form.

Here are both.

Thank you.

S. Anderson