

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 041 ***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 - No P.O. Box # 6511 Maytree Cir		3. Mailing Address 6511 Maytree Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Myers FL		City & State Ft. Myers FL		4. FEI Number 13-4251764	
Zip 33905		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <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	PSTD ANDERSON, SUSAN L 19001 TAMPA ROAD S. FT. MYERS, FL 33912 <i>Chg. Address</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Susan L Anderson Pres.</i> 1-9-08 239-267-9904					