


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 009 ***150.00

DOCUMENT # P03000061805
 1. Entity Name
MPK 3 AUTO PAINTING & COLLISION, INC.




Principal Place of Business 1016 MCCORMACK ST LEESBURG FL 34748	Mailing Address 1016 MCCORMACK ST LEESBURG FL 34748
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2. Principal Place of Business 1378 S. Volusia Ave	3. Mailing Address 1378 S. Volusia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orange City, FL	City & State Orange City, FL
Zip 32763	Zip 32763
Country USA	Country USA

14018592



MOORE CR2E034 (11/03)

4. FEI Number 05-0574146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, MARVIN K
1016 MCCORMACK ST
LEESBURG FL 34748

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D <input type="checkbox"/> Delete	NAME KING, MARVIN K	STREET ADDRESS 1016 MCCORMACK ST	CITY-ST-ZIP LEESBURG FL 34748
TITLE D <input type="checkbox"/> Delete	NAME KING, PAMELYN F	STREET ADDRESS 1016 MCCORMACK ST	CITY-ST-ZIP LEESBURG FL 34748
TITLE D <input type="checkbox"/> Delete	NAME KING, KIMBERLY C	STREET ADDRESS 1016 MCCORMACK ST	CITY-ST-ZIP LEESBURG FL 34748
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

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: Pamelyn F. King Pamelyn F. King 4/21/2004 (386)774-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #