

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 050 ***150.00

DOCUMENT # P04000031039 1. Entity Name TED'S AUTO BODY & SERVICES INC.					
Principal Place of Business 6101 RIDGE CREST DR PT RICHEY FL 34668			Mailing Address 6101 RIDGE CREST DR PT RICHEY FL 34668		
2. Principal Place of Business 5825 DASHER CT Suite, Apt. #, etc.		3. Mailing Address 5825 DASHER CT Suite, Apt. #, etc.			
City & State PORT RICHEY FL Zip Country 34668-6678 PASCO		City & State PORT RICHEY FL Zip Country 34668-6678 PASCO		4. FEI Number 05-0597269 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent RODRIGUEZ, TEOFILO JR 6101 RIDGE CREST DR PT RICHEY FL 34668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5825 DASHER CT City PORT RICHEY FL Zip Code 34668-6678		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, TEOFILO 6101 RIDGE CREST DR PT RICHEY FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5825 DASHER CT PORT RICHEY FL 34668-6678 <input checked="" 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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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: Teofilo Rodriguez **TEOFILO RODRIGUEZ** 4/26/06 727-849-9116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #