

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90006 026 ***150.00

DOCUMENT # P04000031039 1. Entity Name TED'S AUTO BODY & SERVICES INC.	
--	---

Principal Place of Business 5825 DASHER CT PORT RICHEY, FL 34668-6678	Mailing Address 5825 DASHER CT PORT RICHEY, FL 34668-6678
---	---

DO NOT WRITE IN THIS SPACE

07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0597269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, TEOFILO JR
5825 DASHHER CT
PORT RICHEY, FL 34668-6678**

**DO NOT WRITE
IN THIS SPACE**

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 *Teofilo Rodriguez Jr.* DATE 9/5/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, TEOFILO 5825 DASHHER CT PORT RICHEY, FL 346686678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSA RODRIGUEZ 5825 DASHHER CT PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Teofilo Rodriguez* DATE 9/5/07 (727) 849-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR