2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000035232

1. Entity Name

CAR-NIX AUTOBODY REPAIR CENTERS, INC.



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

4203 COURTS CT SPRINGHILL, FL 34609 Mailing Address

4203 COURTS CT SPRINGHILL, FL 34609



DO NOT WRITE IN THIS SPACE

03112008

No Cha-P

CR2E034 (11/05)

4. FEI Number 20-0727933 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTHRIE, JACK NORMAN 4203 COURTS CT SPRINGHILL, FL 34609

DO NOT WRITE IN THIS SPACE

				114	IIIIS 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. If 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 reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTHRIE, JACK NORMAN 4203 COURTS CT SPRINGHILL, FL 34609	•		U00000863609 04/03/08-80099-009 150 00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V GUTHRIE, JOYCE MAE 4203 COURTS CT SPRINGHILL, FL 34609				04/03/08-80099-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

NATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-13-08 (352)592-5160

Daytima Phone