


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000046315</b>	
1. Entity Name <b>G &amp; J AUTO BODY INC</b>	

Principal Place of Business <b>131 N MAIN WILLISTON, FL 32696</b>	Mailing Address <b>131 N MAIN WILLISTON, FL 32696</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0876695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CHUNG, GARY  
131 N MAIN  
WILLISTON, FL 32696**

**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 *[Signature]* *GARY CHUNG* *4-11-06*  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CHUNG, GARY 4868 SW SOUTH WIND CT DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSCORELLI, CHRISTOPHER J 7721 SW 121ST TERR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSCORELLI, CINDY J 7721 SW 121ST TERR DUNNELLON, FL 34432
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**

U00000508062  
04/27/06-80088-006 150.00

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 *[Signature]* *Cindy J Moscorelli* *4-11-06* *328-0344*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #