

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115050

Entity Name: TRES PAINT REPAIR INC

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

8 SUNSHINE BLVD  
DELAND, FL 32724

## New Principal Place of Business:

121 1/2 LUCIE AVE  
DELAND, FL 32720

## Current Mailing Address:

8 SUNSHINE BLVD  
DELAND, FL 32724

## New Mailing Address:

121 1/2 LUCIE AVE  
DELAND, FL 32720

FEI Number: 20-1457689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, WILLIAM A  
121112 LUCIE AVE  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

FREEMAN, WILLIAM A  
1211/2 LUCIE AVE  
DELAND, FL 32720 US

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.

SIGNATURE: WILLIAM FREEMAN

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: FREEMAN, WILLIAM A  
Address: 12112 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

Title: TRES ( ) Delete  
Name: FREEMAN, WILLIAM A  
Address: 121112 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

Title: SEC ( ) Delete  
Name: WILLIAMS, FREEMAN  
Address: 121112 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition  
Name: FREEMAN, WILLIAM A  
Address: 1211/2 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

Title: TRES (X) Change ( ) Addition  
Name: FREEMAN, WILLIAM A  
Address: 1211/2 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

Title: SEC (X) Change ( ) Addition  
Name: WILLIAM, FREEMAN A  
Address: 1211/2 LUCIE AVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FREEMAN

TRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date