

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 042 ***158.75

DOCUMENT # P04000118089

1. Entity Name
H&H KUSTOM AUTO BODY, INC.



Principal Place of Business
**17400 ALICO CENTER ROAD
FORT MYERS, FL 33912**

Mailing Address
**17400 ALICO CENTER ROAD
FORT MYERS, FL 33912**

50024743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02282005 Chg-P CR2E034 (10/03)

4. FEI Number

05-0608088

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**ALOIA, FRANK J JR
2250 FIRST STREET
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **Christopher Libak**

Street Address (P.O. Box Number is Not Acceptable)

17400 Alico Center Rd

City **Ft. Myers**

FL

Zip Code **33912**

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 **Christopher Libak**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIBAK, CHRISTOPHER	
STREET ADDRESS	17400 ALICO CENTER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIBAK, HERBERT	
STREET ADDRESS	17400 ALICO CENTER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LIBAK, FRANCES	
STREET ADDRESS	17400 ALICO CENTER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Christopher Libak**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05
Date

239.267-8850
Daytime Phone #