

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118089 1. Entity Name H&H KUSTOM AUTO BODY, INC.	
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Principal Place of Business 17400 ALICO CENTER ROAD FORT MYERS, FL 33912	Mailing Address 17400 ALICO CENTER ROAD FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

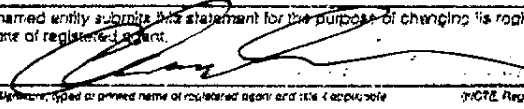
4. FEI Number 05-0608088	Applied For (Not Applicable)
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBAK, CHRISTOPHER
17400 ALICO CENTER RD
FORT MYERS, FL 33912

**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  DATE 1/5/06

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LIBAK, CHRISTOPHER 17400 ALICO CENTER ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD LIBAK, HERBERT 17400 ALICO CENTER ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD LIBAK, FRANCES 17400 ALICO CENTER ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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01/17/06-80039-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 lines as powered.

SIGNATURE:  DATE 1/5/06 239-267-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR