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.

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

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

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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 _____ 1/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
NAME	LIBAK, CHRISTOPHER
STREET ADDRESS	17400 ALICO CENTER ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VD
NAME	LIBAK, HERBERT
STREET ADDRESS	17400 ALICO CENTER ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	STD
NAME	LIBAK, FRANCES
STREET ADDRESS	17400 ALICO CENTER ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80039-017 158.75

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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: _____ 1/5/06 239-267-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #