

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

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



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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02/26/07-80052-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher Libak

2/14/07 239 267 8850