

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**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



03202008 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	

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04/17/08-80049-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

239-267-8850

Daytime Phone #