

2006 FOR PROFIT CORPORATION ANNUAL REPORT

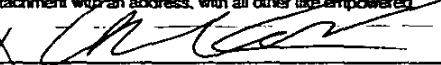
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Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90220 032 ***150.00

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01302006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000121578					
1. Entity Name ABBOTT JR'S PAINT & BODY INC					
Principal Place of Business 2416 9TH STREET W BRADENTON, FL 34205			Mailing Address 2416 9TH STREET W BRADENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2146582	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, ALEXANDER J SR 2416 9TH STREET WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 3-8-06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBOTT, ALEXANDER J JR 2416 9TH STREET W BRADENTON, FL 34205 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Abbott Alexander J. SR. 2416 9th St. W. Bradenton, FL 34205 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOTT, ALEXANDER J SR 2416 9TH STREET W BRADENTON, FL 34205 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOEY, ARTHUR T 3308 4TH AVENUE WEST BRADENTON, FL 34205 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		3-8-06		941-750-0575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	