

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000165563
1. Entity Name
MARKET AUTO BODY, INC.



Principal Place of Business
**2409 MARKET STREET
FT. MYERS FL 33901**

Mailing Address
**2409 MARKET STREET
FT. MYERS FL 33901**



2. Principal Place of Business
2409 Market St.
Suite, Apt. #, etc.

3. Mailing Address
2409 Market St.
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Ft. Myers FL
Zip
33901 Country
US

City & State
Ft. Myers FL
Zip
33901 Country
US

4. FEI Number
42-1652998

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMITH, KEVIN L
2409 MARKET STREET
FT. MYERS FL 33901**

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 _____ (NOTE: Registered Agent signature required when consolidating)
Signature typed or printed name of registered agent and title is acceptable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D STEELE, ROBERT S 10326 SANDY HOLLOW LANE, SE BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000433954 02/24/06-80038-022 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEVIN L 168 KIRTLAND DRIVE NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Kevin L. Smith** **Kevin L. Smith** **2/6/06**