## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000013597

Entity Name: SOUTH PASCO AUTOBODY INC.

FILED Jul 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1201 US HIGHWAY 19 HOLIDAY, FL 34691

Current Mailing Address: New Mailing Address:

1201 US HIGHWAY 19 HOLIDAY, FL 34691

FEI Number: 02-0737418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALBERTSON, DEREK R MILLER, ALAN R 1201 US HWY 19 1201 US HWY 19

HOLIDAY, FL 34691 US HOLIDAY, FL 34691 US

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.

SIGNATURE: ALAN R. MILLER 07/29/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 ALBERTSON, DEREK R
 Name:
 MILLER, ALAN R

 Address:
 233 TIMBERLANE DR
 Address:
 1201 US HWY.19

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 HOLIDAY, FL 34691

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 DICANDILO, JANICE
 Name:
 LEIGHLY, SCOT P

 Address:
 1441 CHESTERFIELD DR
 Address:
 1201 US HWY. 19

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 HOLIDAY, FL 34691

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 DICANDILO, JANICE
 Name:
 MILLER, ALAN R

 Address:
 1441 CHESTERFIELD DR
 Address:
 1201 US HWY.19

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 HOLIDAY, FL 34691

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 ALBERTSON, DEREK
 Name:
 LEIGHLY, SCOT P

 Address:
 233 TIMBERLANE DR
 Address:
 1201 US HWY. 19

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN R. MILLER PRES 07/29/2007