

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000013597	
1. Entity Name SOUTH PASCO AUTOBODY INC.	

Principal Place of Business 1201 US HIGHWAY 19 HOLIDAY, FL 34691	Mailing Address 1201 US HIGHWAY 19 HOLIDAY, FL 34691
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DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

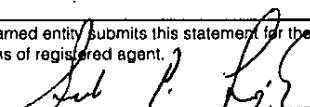
4. FEI Number 02-0737418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, ALAN R
 1201 US HWY 19
 HOLIDAY, FL 34691

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:  DATE: 5-1-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

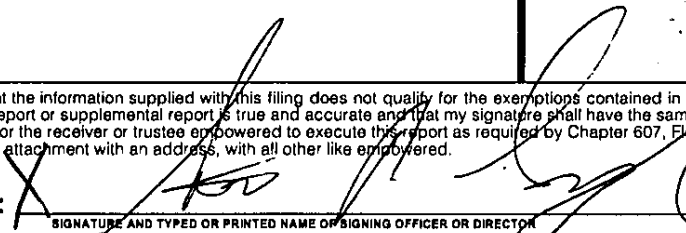
000000948993
 06/03/08-80010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MILLER, ALAN R 1201 US HWY.19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEIGHLY, SCOT P 1201 US HWY. 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MILLER, ALAN R 1201 US HWY.19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES LEIGHLY, SCOT P 1201 US HWY. 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  DATE: _____ DAYTIME PHONE #: 943 9886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR