

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 19, 2008  
Secretary of State**

DOCUMENT# P05000013597

Entity Name: SOUTH PASCO AUTOBODY INC.

**Current Principal Place of Business:**

1201 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1201 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Mailing Address:**

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

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

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

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

SANEL, HODZIC  
1201 US HWY 19  
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: SANEL HODZIC      09/19/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MILLER, ALAN R  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: LEIGHLY, SCOT P  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: SEC ( ) Delete  
Name: MILLER, ALAN R  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: TRES ( ) Delete  
Name: LEIGHLY, SCOT P  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SANEL, HODZIC  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Change ( ) Addition  
Name: SABINA, HODZIC  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: SEC (X) Change ( ) Addition  
Name: SABINA, HODZIC  
Address: 1201 US HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: TRES (X) Change ( ) Addition  
Name: SABINA, HODZIC  
Address: 1201 US HWY. 19  
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: SANEL HODZIC      P      09/19/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date