

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 OCT 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000014886					
1. Entity Name MC BODY SHOP & AUTO SALES, INC.					
Principal Place of Business 303 NORTH 25TH STREET FORT PIERCE, FL 34947			Mailing Address 303 NORTH 25TH STREET FORT PIERCE, FL 34947		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4292843	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARRON, DENISE 303 N. 25TH STREET FORT PIERCE, FL 34947				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Amended AR is \$61.25		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-STATE-ZIP	P/D Denise Barron 1763 SW Newport Isle Blvd. Pt. St. Lucie, FL 34953 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	500136943805 10/15/08--01018--005 **\$1.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Sean Steven Leis 303 N. 25th St. Fort Pierce, FL 34947 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-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: <u>Denise Barron</u> Denise Barron 10/16/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					