

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90029 005 ***150.00

DOCUMENT # P05000133540

1. Entity Name

AUTO PAINT EXPRESS, INC.



Principal Place of Business

7200 NORTH MILITARY TR
SUITE 2
PALM BEACH GARDENS FL 33410

Mailing Address

7200 NORTH MILITARY TR
SUITE 2
PALM BEACH GARDENS FL 33410



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

20-3808267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

CHANCE, DANIEL
3502 HARBOR ROAD N.
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name **ANTHONY L. MORETTI**

Street Address (P.O. Box Number is Not Acceptable)

7080 BRUNSWICK CIRCLE

City **BOYNTON BEACH, FL**

FL

Zip Code **33437**

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/14/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MORETTI, ANTHONY L | |
| STREET ADDRESS | 7078 BRUNSWICK CIR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | TSD | <input checked="" type="checkbox"/> Delete |
| NAME | CLAYTON, TEAL | |
| STREET ADDRESS | 3502 HARBOR ROAD N. | |
| CITY-ST-ZIP | JUPITER FL 33469 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CHANCE, DANIEL | |
| STREET ADDRESS | 3502 HARBOR ROAD N. | |
| CITY-ST-ZIP | JUPITER FL 33469 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L. MORETTI, PRES 4/12/08

Date

Daytime Phone #