

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000019235

1. Entity Name  
PERFECTION PAINT & REPAIR, INC.



FILED

08 SEP -4 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08262008 Chg-P CR2E034 (12/06)

4. FEI Number  
74-3197180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROBERTS, JOHN E SR  
10811 SW 85TH COURT  
GAINESVILLE, FL 32608

## 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 *[Signature]* DATE 08-29-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P  
NAME ROBERTS, JOHN E SR  
STREET ADDRESS 10811 SW 85TH COURT  
CITY-ST-ZIP GAINESVILLE, FL 32608 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200135637032  
CITY-ST-ZIP 09/10/08--01007--005 \*\*\$61.25

TITLE O  
NAME HOLLOWAY, SAMMY JR  
STREET ADDRESS 235 SW FOXWOOD COURT  
CITY-ST-ZIP LAKE CITY, FL 32024 ☐ Delete

TITLE OFFICER ☒ Change ☐ Addition  
NAME HOLLOWAY, SAMMY JOE SR  
STREET ADDRESS 4861 SW CR 241  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE OFFICER ☐ Change ☒ Addition  
NAME ROWELL, MICHAEL E  
STREET ADDRESS 7010 NW 23rd way  
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-08 352 215-6386  
Date Daytime Phone #