

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033864

FILED
Feb 25, 2009
Secretary of State

Entity Name: PRECISION AUTO BODY OF ORLANDO, INC.

Current Principal Place of Business:

6590 LAKE PEMBROKE PLACE
ORLANDO, FL 32829

New Principal Place of Business:

6550 HOFFNER AVE
ORLANDO, FL 32822

Current Mailing Address:

6590 LAKE PEMBROKE PLACE
ORLANDO, FL 32829

New Mailing Address:

6550 HOFFNER AVE
ORLANDO, FL 32822

FEI Number: 20-4449844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAJRAM, GUYATRIE
6590 LAKE PEMBROKE PLACE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAJRAM, GUYATRIE
Address: 6590 LAKE PEMBROKE PLACE
City-St-Zip: ORLANDO, FL 32829

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: RAMPRASAD, HAROLD P
Address: 6590 LAKE PEMBROKE PLACE
City-St-Zip: ORLANDO, FL 32829

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: GUYATRIE TAJRAM

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date