

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

05-03-2007 90071 036 ***150.00

DOCUMENT # P06000093039

1. Entity Name
 TROPICAL AUTO BODY TOO, INC.



Principal Place of Business
 2218 N. DIXIE HIGHWAY
 HOLLYWOOD, FL 33020 US

Mailing Address
 2218 N. DIXIE HIGHWAY
 HOLLYWOOD, FL 33020 US

66019184



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02172007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number **20-5202807** Applied For Not Applicable

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

8. Name and Address of Current Registered Agent
 STONE, ORRETTE W
 3306 CHIKEE LANE
 MARGATE, FL 33063

7. Name and Address of New Registered Agent
 Name **STONE ORRETT W**
 Street Address (P.O. Box Number is Not Acceptable)
2218 N DIXIE HIGHWAY
 City **HOLLYWOOD** FL Zip Code **33020**

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, print or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, ORRETTE W 3306 CHIKEE LANE MARGATE, FL 33063	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, TERESA A 3306 CHIKEE LANE MARGATE, FL 33063	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, ORRETT W 2218 N DIXIE HIGHWAY HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, TERESA A 2218 N DIXIE HIGHWAY HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: TERESA A STONE 4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #