

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109745

Entity Name: HEPLER'S AUTO BODY, INC.

FILED  
May 19, 2009  
Secretary of State

**Current Principal Place of Business:**

1660 E. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

6922 W. COLUMBINE DR.  
PEORIA, AZ 85381

**New Mailing Address:**

FEI Number: 20-5419216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'ROCK, SUSAN J  
4601 BRADY-O'ROCK  
ST. CLOUD, FL 34772 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: P ( ) Delete  
Name: HEPLER, ROBERT  
Address: 1806 ASHTON PARK PLACE  
City-St-Zip: ST. CLOUD, FL 34771

Title: VP ( ) Delete  
Name: RIGGLE, TRINA  
Address: 6922 W. COLUMBINE DR  
City-St-Zip: PEORIA, AZ 85381

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: TRINA RIGGLE

VP

05/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date