2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000122237** 05-02-2008 90170 024 ***150.00 GULF COAST PAINT, BODY, & COLLISION, INC Principal Place of Business . Mailing Address 815 N OLD CORRY FIELD ROAD 815 N OLD CORRY FIELD ROAD 40024000 PENSACOLA, FL 32506 PENSACOLA, FL 32506 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 20-5473754 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUSTICE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7756 PONTIAC DRIVE PENASCOLA, FL 32506 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when minstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P ☐ Change ☐ Addition FILLE ☐ Delete TITLE JUSTICE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7756 PONTIAC DRIVE CITY-ST-ZIP PENSACOLA, FL 32506 CITY-ST-ZIP D TITLE Change ■ Addition TITLE ☐ Delete JUSTICE, RICHARD JR NAME STREET ADDRESS **8047 ATLAS STREET** STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32506 CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME BURCH, ERIC STREET ADDRESS 7750 WALKER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32506 ☐ Channe ☐ Defete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE: 🔟

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Defete

FILED

Daytime Phone #

Change

☐ Addition