2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000133128

1. Entity Name
FREEDOM AUTO BODY, INC

FILED
08 SEP 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~0033 NEW YORK AVE~~ HUDSON, FL 34667	12941 SUGAR CREEK BLVD HUDSON, FL 34669

06022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7109 ELIZABETH AVE	SAME AS BEFORE.
Suite, Apt. #, etc. ST. 10 & 11	Suite, Apt. #, etc.
City & State HUDSON FL	City & State
Zip 34667	Country PASCO
	Zip
	Country

4. FEI Number
20-5735646
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, JAQULYN 12941 SUGAR CREEK BOULEVARD HUDSON, FL 34669	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, JAQULYN 12941 SUGAR CREEK BLVD. HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRUCE REYNOLDS 12941 SUGAR CREEK BLVD HUDSON, FL 34669 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,T EBANKS, ETHEL 2015 EAST ROBSON STREET TAMPA, FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100136249851 09/23/08--01025--013 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REYNOLDS, BRUCE 9125 STATE ROAD 52 HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Bruce Reynolds Pres 9/11/08 727-207-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/17