

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000010508</b>
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1. Entity Name  
WILLIE'S PAINT & BODY SHOP, INC.

Principal Place of Business 3102 S ORANGE AVE ORLANDO, FL 32806 US	Mailing Address 3102 S ORANGE AVE ORLANDO, FL 32806 US
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3148559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLONTS, ERNEST 3102 S ORANGE AVE ORLANDO, FL 32806
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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: Ernest Wade Clonts Ernest Wade Clonts 1-12-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLONTS, ERNEST 3102 S ORANGE AVE ORLANDO, FL
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01112005  
03/25/05 01112005-025-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ernest Clonts Ernest Wade Clonts 1-12-05 407 8509410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #