


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000020917
 1. Entity Name
TROPICAL AUTO BODY, INC.



| | |
|---|---|
| Principal Place of Business 800 NW 8TH AVE., #2 FORT LAUDERDALE, FL 33311 US | Mailing Address 800 NW 8TH AVE., #2 #3 FORT LAUDERDALE, FL 33311 US |
|---|---|



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3169780 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**STONE, ORRETT
 800 NW 8TH AVE., #2
 FORT LAUDERDALE, FL 33311**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

| | | |
|--|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST STONE, ORRETT 800 NW 8TH AVE., #2 FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ORRETT STOWE, 800 NW 8TH AVE., #2 FORT LAUDERDALE, FL 33311 |
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 05/04/05-80158-004 150.00

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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:  **April 29, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #