2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receives or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P93000062666 1. Entity Name 04-30-2004 90271 023 ***150.00 A+ PAINT & BODY, INC. Principal Place of Business Mailing Address 3926 NORTHWEST GAINESVILLE ROAD 3926 NORTHWEST GAINESVILLE ROAD 94076578 OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address 4510 W. Highway 4610 W. Hwy 40 MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3160755 Not Applicable Country ^{Zip}34482 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required usp6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARRI BARNER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3926 NORTHWEST GAINESVILLE ROAD OCALA FL 34475 Zip Code 3441 City 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. Garry D. Adel April 22, 2004 Signature, typed or printed d title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. n TITLE ☐ Delete TITLE Addition BARNER, RICHARD NAME NAME STREET ADDRESS 3926 NORTHWEST GAINESVILLE ROAD STREET ADDRESS CITY-ST-ZIP OCALA FL 34475 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

ichard Barver, Jr. 4/28/04 (352) 840.9633

FILED