

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019532

Entity Name: CLEWISTON AUTO BODY, INC.

FILED
May 13, 2005
Secretary of State

Current Principal Place of Business:

528 E OBISPO AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

528 E OBISPO AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0473531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JANE
16059 E DURAN BLVD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: NEWTON, DEAN T
Address: 524 EAST OBISPO
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: MARTINEZ, JANE
Address: 528 E OBISPO AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE MARTINEZ

VP

05/13/2005

Electronic Signature of Signing Officer or Director

Date