### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P94000089595**

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

PRECISION AUTO BODY OF CRESTVIEW, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

1122 NORTH FERDON BLVD. CRESTVIEW, FL 32536 Mailing Address

1122 NORTH FERDON BLVD. CRESTVIEW, FL 32536



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04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3287114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changi	ing its regist	ered office or r	egistered agent, or b	ooth, in the State of Florida. I am fan	niliar with, and
SIGNATURE_							
	Signature, typed or printed name of registered agent and little	f applicable	(NOTE, Regist	ered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			U00000153109 05/04/04-80114-015	150.00	
10.	OFFICERS AND DIRECTORS					· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACHOS, KALLIOPE 4145 BEACH DR. NICEVILLE, FL 32578					,	
TITLE NAME STREET ADDRESS			,				

# DO NOT WRITE IN THIS SPACE

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: Kallinge Zach

Kallione Zachas 04:30-04 850-689-87