

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004359

FILED
Apr 19, 2006
Secretary of State

Entity Name: AUTOSPORT BODY WORKS & RESTORATION, INC.

Current Principal Place of Business:

704 INDUSTRY ROAD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

704 INDUSTRY ROAD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3407752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRUESDELL, RON
217 CHURCHILL DRIVE
LONGWOOD, FL 32779 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: P () Delete
Name: TRUESDELL, RON
Address: 217 CHURCHILL DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: TRUESDELL, WENDY
Address: 217 CHURCHILL DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: ST () Delete
Name: TRUESDELL, JOANNE
Address: 5143 DARDEN AVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RON TRUESDELL

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date