

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004841

FILED
Jun 30, 2004
Secretary of State

Entity Name: THE AUTO REPAIR & PAINT COMPANY

Current Principal Place of Business:

1255 U.S. 41 BYPASS SOUTH
VENICE, FL

New Principal Place of Business:

1255 U.S. 41 BYPASS SOUTH
VENICE, FL 34285

Current Mailing Address:

1255 U.S. 41 BYPASS SOUTH
VENICE, FL

New Mailing Address:

1255 U.S. 41 BYPASS SOUTH
VENICE, FL 34285

FEI Number: 65-0718477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUGLAS, MICHAEL
1872 SOUTH TAMIAMI TRAIL
SUITE D
VENICE, FL 34293 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOOGINS, CINDY L
Address: 1255 US 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: ARP, CATHERINE M
Address: 1255 US 41 BY PASS SOUTH
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: ARP, DAVID L
Address: 1255 US 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CATHERINE ARP

S

06/30/2004

Electronic Signature of Signing Officer or Director

Date