

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004841

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE AUTO REPAIR & PAINT COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

490 BUENA VISTA DR UNIT C
NOKOMIS, FL 34275

Current Mailing Address:

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

New Mailing Address:

490 BUENA VISTA DR UNIT C
NOKOMIS, FL 34275

FEI Number: 65-0718477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORZILIUS, ERIK
1255 US 41 BYPASS SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

KORZILIUS, ERIK
2100 TAMIAMI TRAIL SOUTH
SUITE C
VENICE, FL 34293 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

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 34285

Title: S () Delete
Name: ARP, CATHERINE M
Address: 1255 US 41 BY PASS SOUTH
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: ARP, DAVID L
Address: 1255 US 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: ARP, DAVID S
Address: 1255 US 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOOGINS, CINDY L
Address: 490 BUENA VISTA DR UNIT C
City-St-Zip: NOKOMIS, FL 34275

Title: S (X) Change () Addition
Name: ARP, CATHERINE M
Address: 490 BUENA VISTA DR UNIT C
City-St-Zip: NOKOMIS, FL 34275

Title: T (X) Change () Addition
Name: ARP, DAVID L
Address: 490 BUENA VISTA DR UNIT C
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Change () Addition
Name: ARP, DAVID S
Address: 490 BUENA VISTA DR UNIT C
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify 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: DAVID L ARP

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date