


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90046 011 ***150.00

DOCUMENT # P97000031256

1. Entity Name
 1ST REQUEST AUTO TOUCH UP & PAINT REPAIR, INC.



Principal Place of Business Mailing Address

696 LINVILLE FALLS DR. 696 LINVILLE FALLS DR.
 WEST MELBOURNE, FL 32904 US WEST MELBOURNE, FL 32904 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3449122 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, GERALD
 696 LINVILLE FALL DRIVE
 WEST MELBOURNE, FL 32904

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANSEN, GERALD L
STREET ADDRESS	696 LINVILLE FALL DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	V
NAME	HANSEN, ANA MARIA
STREET ADDRESS	696 LINVILLE FALL DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gerald L Hansen 3-2-05 (321-917-3885)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #