


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 002 ***150.00

DOCUMENT # P97000035398 1. Entity Name ANDREW F. BUCHKO TOTAL AUTO BODY, INC.					
Principal Place of Business 350 DICKSON DRIVE FORT PIERCE, FL 34982			Mailing Address 350 DICKSON DRIVE FORT PIERCE, FL 34982		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0938840	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUCHKO, ANDREW F 350 DICKSON DRIVE FORT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Andrew F. Buchko</u> <u>Andrew F. Buchko</u> <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHKO, DOROTHY ANN 709 KEARNEY RD. FT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchko, Dorothy ANN 405 E. MIDWAY RD. FT. PIERCE FL. 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHKO, BRIAN F 709 KEARNEY RD. FT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchko, BRIAN F. 405 E. MIDWAY RD. FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHKO, ANDREW F 709 KEARNEY RD. FT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchko, ANDREW F. 405 E. MIDWAY FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Andrew F. Buchko</u> <u>Andrew F. Buchko</u> <u>4-28-05</u> <u>(772) 462-1900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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