

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90129 001 \*\*\*150.00

DOCUMENT # P97000038022

1. Entity Name  
SOUTHPOINT AUTO BODY, INC.



Principal Place of Business  
15864 BROTHERS CT  
FORT MYERS, FL 33912

Mailing Address  
15864 BROTHERS CT  
FORT MYERS, FL 33912

14015850



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0751969  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MALVEZZI, MARY A  
15864 BROTHERS CT  
FORT MYERS, FL 33912

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D / P
NAME	MALVEZZI, MARY A
STREET ADDRESS	15864 BROTHERS CT
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D/T/S
NAME	MALVEZZI, ROBERT
STREET ADDRESS	15864 BROTHERS CT
CITY-ST-ZIP	FT MYERS, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Malvezzi* Robert Malvezzi

4/25/05 239-482-1582