

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90035 028 ***150.00

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03282006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000038022 1. Entity Name SOUTHPPOINT AUTO BODY, INC.					
Principal Place of Business 15864 BROTHERS CT FORT MYERS, FL 33912			Mailing Address 15864 BROTHERS CT FORT MYERS, FL 33912		
2. Principal Place of Business 10052 BAVARIA RD Suite, Apt. #, etc.		3. Mailing Address 10052 Bavaria Ct. Suite, Apt. #, etc.			
City & State FT MYERS FL		City & State Ft. Myers, FL		4. FEI Number 65-0751969	
Zip 33913		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALVEZZI, MARY A 15864 BROTHERS CT FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name MALVEZZI MARY A. Street Address (P.O. Box Number is Not Acceptable) 10052 BAVARIA RD City FT MYERS FL Zip 33913		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS					
TITLE	D MALVEZZI, MARY A 15864 BROTHERS CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE	D Malvezzi, Mary A 10052 Bavaria Ct. Ft. Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP MALVEZZI, ROBERT 15864 BROTHERS CT FT MYERS, FL 33712	<input type="checkbox"/> Delete	TITLE	VP Malvezzi, Robert 10052 Bavaria Ct. Ft. Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T DISCIOSCIA, JOHN JR 15864 BROTHERS CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Robert MALVEZZI</u> <u>3/31/06</u> <u>239-549-7837</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					