**2007 FOR PROFIT CORPORATION** 

## **ANNUAL REPORT**

## DOCUMENT # P97000093433

1. Entity Name A-A PAINT & BODY, INC.



## FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90092 007 \*\*\*150.00

Principal Place of Business				1						
PENSACOLA, FL 32507   Subsection   PENSACOLA, FL 32501   US	Principal Place of Business		Mailing Address							
Subject   Subj			C/O BASS & SANDFORT ACCOUNTANTS, PA 1301 W. GARDEN ST							16FR 8   1F 18 8 P
City A State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
The Application	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022007	Chg-P	CR2E03	34 (12/06)	
Country	City & State		City & State						نسنسسا	<u> </u>
Manual	Zip	Country	Zip	Country		5. Certificate	ol Status Desired		8.75 Ad	ditional
BASS & SANDFORT ACCOUNTANTS   1301 W. GARDEN ST   1301 W. GARDEN		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
1301 W. GARDEN ST   PENSACOLA, FL 32501	BACC & CANDEODT ACCOUNTANTS			1	Name					
The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent.    Signature	1301 W. G	SARDEN ST	Street Addres		Street Address (F	(P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent.    Signature										
Signature   Sign					City			FL	Zip Cod	e
### PERRY, RUSSELL ***OFFICERS AND DIRECTORS**  ***TOTAL STORTS AND SECTION ON STORTS AND DIRECTORS**  ***TOTAL STORTS AND DIRECTOR			or the purpose of changing its	s registered o	office or register	ed agent, or bo	th, in the State of Fl	lorida. I am ta	amiliar with,	and accept
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12. Thereby 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										

I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 Statules; 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** 

Daytime Phone #