### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P97000095573**

KOPY KATS INTERIOR REPAIR, INC.

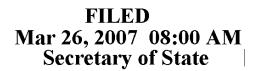


Principal Place of Business

Mailing Address

10241 COLONIAL CT NORTH JACKSONVILLE, FL 32225

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### DO NOT WRITE IN THIS SPACE

01182007 No Cha-P CR2E034 (11/05)

4. FEI Number 59-3479602 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, KATHRYN 10241 COLONIAL CT NORTH JACKSONVILLE, FL 32225

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8	<ul> <li>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.</li> </ul>	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

10.

(NOTE: Registered Agent signature required when reinstating)

# FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS TITLE STEVENSON, KATHRYN NAME STREET ADDRESS 10241 COLONIAL CT NORTH CITY-ST-7IP JACKSONVILLE, FL 32225 TITI F HARPER, WILLIAM C NAME STREET ADDRESS 10241 COLONIAL CT NORTH JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 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