
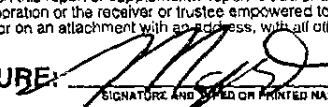


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000025769		
1. Entity Name MASON'S AUTO PAINT & COLLISION, INC.		
Principal Place of Business P. O. BOX 4788 SEMINOLE, FL 33775-4788		Mailing Address P. O. BOX 4788 SEMINOLE, FL 33775-4788
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">04272005    No Chg-P    CR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 59-3497986</div> <div>Applied For Not Applicable</div> </div> <div style="display: flex; justify-content: space-between;"> <div>5. Certificate of Status Desired    <input type="checkbox"/></div> <div>\$8.75 Additional Fee Required</div> </div>		
6. Name and Address of Current Registered Agent  LOVELACE, WILLIAM K ESQ. 2310 W. BAY DR. LARGO, FL 33770		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small> DATE _____		
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		U00000359449 05/04/05-80154-009 150.00  DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAMMERT, MASON P. O. BOX 4788 SEMINOLE, FL 337754788	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #