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Secretary of State

03-22-2006 90016 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000025769

1. Entity Name
MASON'S AUTO PAINT & COLLISION, INC.

66009421

Principal Place of Business	Mailing Address
P. O. BOX 4788 SEMINOLE, FL 33775-4788	P. O. BOX 4788 SEMINOLE, FL 33775-4788

03012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Masons	PO Box 4788
Suite, Apt. #, etc.: 13100 Belcher Rd.	Suite, Apt. #, etc.
City & State: Largo, FL	City & State: Seminole, FL 33775
Zip: 33773 Country: US	Zip: 33775 Country: US

4. FEI Number: 59-3497986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ.
2310 W. BAY DR.
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name: N/A

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 3-9-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAMMERT, MASON P. O. BOX 4788 SEMINOLE, FL 337754788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/11/06 Daytime Phone # 727-530-1500