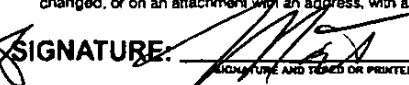


FILED
Apr 11, 2006 8:00 am
Secretary of State

03-22-2006 90016 049 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000025769 1. Entity Name MASON'S AUTO PAINT & COLLISION, INC.			
Principal Place of Business P. O. BOX 4788 SEMINOLE, FL 33775-4788		Mailing Address P. O. BOX 4788 SEMINOLE, FL 33775-4788	
2. Principal Place of Business Mason's Suite, Apt. #, etc. 13100 Belcher Rd.		3. Mailing Address P.O. Box 4788 Suite, Apt. #, etc.	
City & State Largo, FL		City & State Seminole, FL 33775	
Zip 33773 County US		Zip 33775 County US	
4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		FEI Number 59-3497986	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
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  DATE 3-9-06 (NOTE: Registered Agent signature required when reinstating)			
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		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	
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 TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/7/06 Daytime Phone # 727-530-1500	