


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000056344 1. Entity Name TERRY'S PAINT & BODY SHOP, INC |  |
|--|---|

Principal Place of Business
8129 PENSACOLA BLVD
PENSACOLA, FL 32534

Mailing Address
8129 PENSACOLA BLVD
PENSACOLA, FL 32534



04122004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. PEI Number 59-3519460 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEDGES, TERRY
8129 PENSACOLA BLVD
PENSACOLA, FL 32534

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000112504
04/14/04 00026 011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HEDGES, TERRY 8129 PENSACOLA BLVD PENSACOLA, FL 32534 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEDGES, EULAINÉ 8129 PENSACOLA BLVD PENSACOLA, FL 32534 |
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry Hedges 4-12-04 850/478-3317