

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070190

Entity Name: CCK AUTO RESTORATION, INC.

FILED
Apr 17, 2005
Secretary of State

Current Principal Place of Business:

476 VAN PELT LANE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

476 VAN PELT LANE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3528027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KNIGHT, CHARLES C
476 VAN PELT LANE
PENSACOLA, FL 32505 US

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.

SIGNATURE: CHARLES C. KNIGHT

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KNIGHT, CHARLES C
Address: 2535 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: KNIGHT, PATRICIA M
Address: 2535 LONGLEAF DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES C. KNIGHT

PSTD

04/17/2005

Electronic Signature of Signing Officer or Director

Date