


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90556 023 ***150.00

DOCUMENT # P99000047699	
1. Entity Name COCKRELL'S BODY SHOP OF PENSACOLA, INC.	

Principal Place of Business 5651 PENSACOLA BLVD. PENSACOLA FL 32505	Mailing Address P.O. BOX 17119 PENSACOLA FL 32522
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2. Principal Place of Business 6220 N. Palafox St.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola Florida	City & State
Zip 32503	Country US

4. FEI Number 59-3575664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMBETH, JOE B JR. 5651 PENSACOLA BLVD. PENSACOLA FL 32505	
6220 N. Palafox St. Pensacola, FL 32503	

7. Name and Address of New Registered Agent	
Name	
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 _____ (NOTE: Registered Agent signature required when reinstating)

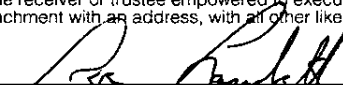
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete LAMBETH, JOE B 5651 PENSACOLA BLVD. PENSACOLA FL 32505 6220 N. Palafox St. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COCKRELL, FRANKIE L SR. 5651 PENSACOLA BLVD. PENSACOLA FL 32505 6220 N. Palafox St. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COCKRELL, TIMOTHY L 5651 PENSACOLA BLVD. PENSACOLA FL 32505 6220 N. Palafox St. Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Joe Lambeth** **4-19-04** **850-478-9116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #