


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90023 017 \*\*\*150.00

DOCUMENT # P99000097811

1. Entity Name  
 ONE STOP AUTO BODY, INC.



Principal Place of Business  
 3853 Reid St  
 PALATKA, FL 32177

Mailing Address  
 3853 Reid St.  
 PALATKA, FL 32177



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3610030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUTO, SALVATORE  
 3853 Reid St  
 PALATKA, FL 32177

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUTO, SALVATORE 3851 Reid St PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUTO, ANGELA 406 NICHOLS RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  1/18/05 (386) 328 8461

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