

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 025 ***550.00



DOCUMENT # P99000108517
 1. Entity Name
JACKIE'S AUTO BODY, INC.

Principal Place of Business Mailing Address
 19888 VETERANS BLVD 19888 VETERANS BLVD.
 PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0981231 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOGAN, REGINA L
3148 PORT CHARLOTTE BLVD.
PORT CHARLOTTE FL 33952

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

FILE-NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	PST HOGAN, REGINA 6276 PONCE DELEON BLVD. NORTH PORT FL 34287 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM HOGAN, REGINA 6276 PONCE DELEON BLVD. NORTH PORT FL 34287 <input checked="" 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
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	DCM JACK D'AMICO 6276 PONCE DELEON BLVD NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" 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: _____ 8.5.05 9412555967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #