


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S24113		
1. Entity Name RON'S AUTO BODY SPECIALISTS, INC.		
Principal Place of Business 8890 SOUTH U.S. HWY. 1 PORT ST. LUCIE, FL 34952	Mailing Address 8890 SOUTH U.S. HWY. 1 PORT ST. LUCIE, FL 34952	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HANSRAJ, RONALD 2701 SE GARFIELD AVE. PT ST LUCIE, FL 34952		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)</small> _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSRAJ, RONALD 8890 S US 1 PT ST LUCIE, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ronald Hansraj</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/24/06</u> <small>Date</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0241229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000528764
05/05/06-80050-010 150.00

772-331-4743
Daytime Phone #