

Report Not Received in the May 7  
2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 13, 2004 08:00 AM  
Secretary of State

DOCUMENT # S27986

1. Entity Name  
WILER PAINT AND BODY SHOP, INC.



Principal Place of Business  
725 NW 5TH AVE  
FT LAUDERDALE, FL 33311

Mailing Address  
725 NW 5TH AVE  
FT LAUDERDALE, FL 33311



03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0244341

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILER, MOMPREVIL  
725 NW 5TH AVE  
FT LAUDERDALE, FL 33311

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

*Wiler Momprevil*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/04

FILE NOW!!! FEE IS ~~150.00~~  
Due by September 8, 2004

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	DPS WILER, MOMPREVIL 725 NW 5TH AVE FT LAUDERDALE, FL
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000000160347  
05/13/04-80018-010 150.00

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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:

*Wiler Momprevil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

DATE

Daytime Phone #