


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 002 \*\*\*150.00

**DOCUMENT # S38680**  
 1. Entity Name  
**HAROLD'S AUTO-BODY SHOP, INC.**




Principal Place of Business Mailing Address  
 2001 1 AVE S 2001 1 AVE S  
 ST PETERSBURG FL 33712 ST PETERSBURG FL 33712

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

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/05)  
 4. FEI Number **59-3054550** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TOUCHTON, TERRELL G.**  
**2001 1 AVE S**  
**ST PETERSBURG FL 33712**

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	PITTMAN, DAVID L.
STREET ADDRESS	11198 102 TERRACE N
CITY-ST-ZIP	SEMINOLE FL 33778
TITLE	STD <input type="checkbox"/> Delete
NAME	MYERS, CHERYL A
STREET ADDRESS	8358 WRENS WAY
CITY-ST-ZIP	LARGO FL 33773
TITLE	V <input type="checkbox"/> Delete
NAME	TOUCHTON, TERRELL G
STREET ADDRESS	4095 34TH AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG FL 33713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P4 STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	myers, CHERYL A.
STREET ADDRESS	8358 WRENSWAY LARGO FL. 33773
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Terrell Touchton **TERRELL TOUCHTON** VP **14 March 2006** 727-896-8422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #