


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # S38680 1. Entity Name HAROLD'S AUTO-BODY SHOP, INC.	
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Principal Place of Business 2001 1 AVE S ST PETERSBURG, FL 33712	Mailing Address 2001 1 AVE S ST PETERSBURG, FL 33712
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3054550	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

TOUCHTON, TERRELL G.
2001 1 AVE S
ST PETERSBURG, FL 33712

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MYERS, CHERYL A 8358 VRENSWAY LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MYERS, CHERYL A 8358 WRENS WAY LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOUCHTON, TERRELL G 4095 34TH AVENUE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80072-020 150.00

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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: Terrell Touchton V/P 2-23-07 727-8968420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #