


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90015 037 ***150.00

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| DOCUMENT # S67166 |  |
| 1. Entity Name M.T. AUTOBODY INCORPORATED | |

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| Principal Place of Business 12330 49TH ST N. CLEARWATER, FL 34622 US | Mailing Address 12330 49TH ST N. CLEARWATER, FL 34622 US |
|---|---|

40007813



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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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01202005 Chg-P CR2E034 (10/03)

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| City & State | City & State |
| 33762 Country | 33762 Country |

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| 4. FEI Number 59-3086162 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TACKLEY, MICHAEL 12330 49TH ST N. CLEARWATER, FL 34622 | | 7. Name and Address of New Registered Agent Name: Michael Tackley Street Address (P.O. Box Number is Not Acceptable): 12330 49th Street N. City: Clearwater FL 33762 | |
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| 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: <u>Michael Tackley</u> DATE: <u>1/25/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST TACKLEY, MICHAEL 12330 49TH ST N. CLEARWATER, FL → <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clearwater, FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Michael Tackley</u> DATE: <u>1/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
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