


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # V08418 1. Entity Name A A AUTO BODY, INC.	
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Principal Place of Business 1595 EAST JOHN SIMS PKWY. NICEVILLE, FL 32578	Mailing Address 1595 EAST JOHN SIMS PKWY. NICEVILLE, FL 32578
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**DO NOT WRITE IN THIS SPACE**



08242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3102890	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  RUNGE, BOBBY G 1595 EAST JOHN SIMS PKWY. NICEVILLE, FL 32578	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	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	D RUNGE, BOBBY G 195 G CUTTS DR VALPARAISO, FL 32580
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1100000377390  
08/30/05-80001-014 550.00

**DO NOT WRITE 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: Bobby G Runge Bobby G Runge 8/24/05 850-678-3404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #