


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # V48740 1. Entity Name EXCEL AUTO BODY, INC.	
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Principal Place of Business 1121 N AVENUE MAITLAND, FL 32751	Mailing Address 1121 N AVENUE MAITLAND, FL 32751
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04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3133313	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SEQUINO, JOSEPH 1121 N AVENUE MAITLAND, FL 32751

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1100000296819

04/11/05-80003-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUINO, JOSEPH 2300 KILDARE DRIVE OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGER, DAVID 1007 QUINWOOD LN MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05 407 830-1007
Date Daytime Phone #