## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Mar 12, 2004 8:00 am Secretary of State **DOCUMENT # V63271** 03-12-2004 90010 003 \*\*\*150.00 PAUL HOWARD'S PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address 0401/400 9101 NORTH NEBRASKA AVE. 9101 NORTH NEBRASKA AVE. TAMPA, FL 33604 US TAMPA, FL 33604 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03102004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3192935 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOUSKOUTIS, N.M. Street Address (P.O. Box Number is Not Acceptable) 114 S. PINELLAS AVE. TARPON SPRINGS, FL 34689 City 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 9. Election Campaign Financing spec \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. - 🖾 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOWARD, ED NAME 4627-CLOVERLAWN DR. 9101 W. NED KOSKO AK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, PL Tempa, FL 3360 CITY-ST-ZIP STVP ☐ Change ■ Addition TITLE Delete HOWARD CONSTANTINA NAME MAME rancesca Howard 25205 BUNTIMO CIRCLE STREET AODRESS STREET ADDRESS LAND O LAKES, FL 34639 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TELE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLË ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

ER OR DIRECTOR

**FILED**