I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN FITZPATRICK

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

FITZPATRICK, BRYAN 9491 ULMERTON RD LARGO, FL 33771 US

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.

SIGNATURE:

Office

Title	PD	Title	DV
Name	FITZPATRICK, BRYAN L	Name	FITZPATRICK, NANCY
Address	9491 ULMERTON RD	Address	9491 ULMERTON RD
City-State-Zip:	LARGO FL 33771	City-State-Zip:	LARGO FL 33771

	Electronic Signature of Registered Agent			
cer/Director Detail :				
	PD	Title	DV	
e	FITZPATRICK, BRYAN L	Name	FITZPATRICK, NANCY	
ess	9491 ULMERTON RD	Address	9491 ULMERTON RD	

Certificate of Status Desired: No

FILED Apr 26, 2024 Secretary of State 5612865657CC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084197

Entity Name: SCRATCH N DENT AUTO BODY SPECIALIST, INC.

Current Principal Place of Business:

9491 ULMERTON RD LARGO, FL 33771

Current Mailing Address:

9491 ULMERTON RD LARGO, FL 33771 US

FEI Number: 76-0710509

PRESIDENT

04/26/2024

Date

Date