


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 423558</b> 1. Entity Name EARL SCHEIB OF FLORIDA, INC.		
Principal Place of Business 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS, CA 91403	Mailing Address 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS, CA 91403	

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>95-2814902</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 reinstating)

U00000955002  
 07/15/08 80606-023 158.75

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BEMENT, CHRISTIAN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINNIHAN, JOHN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINNIHAN, JOHN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JAMES E JR. 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John K Minnich      Date: 7/14/08      Daytime Phone #: 818-981-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR