


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 822508 1. Entity Name BY-PASS PAINT SHOP INC	
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Principal Place of Business 1132 N NAPPANEE ST ELKHART, IN 46514	Mailing Address 1132 N NAPPANEE ST ELKHART, IN 46514
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1099100	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

CT CORPORATION SYSTEM
 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELPRETE, DANNY 2501 WATERBEND DR. ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELPRETE, FLORENCE 2501 WATERBEND DR. ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELPRETE, DANNY 2501 WATERBEND DR. ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELPRETE, FLORENCE 2501 WATERBEND DR. ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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400000181921
01/19/05-80009-003 150.00

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, and that I am a director, officer, or agent 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 the report, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danny DelPrete 1/11/05 574-264-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #