

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-03-2005 90079 026 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66021232



DOCUMENT # P02000131152					
1. Entity Name A1 AUTO UPHOLSTERY, INC.					
Principal Place of Business 173 PARK DRIVE FT WALTON BEACH, FL 32543			Mailing Address 173 PARK DRIVE FT WALTON BEACH, FL 32543		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		05262005 Chg-P CP2E034 (10/03)	
Zip		Country		4. FEI Number 08-1669660	
Zip		Country		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
			Name Robert Hughes		
			Street Address (P.O. Box Number is Not Acceptable) 173 Park Drive		
			City Fort Walton Beach FL 32548		
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: <i>Robert Hughes</i>			DATE: 04/30/05		
<small>Signature, name, or other name of registered agent, and date, if applicable.</small>			<small>Signature of Registered Agent required when completing.</small>		
FILE NUMBER FEE IS \$650.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HUGHES, ROBERT E JR 173 PARK DRIVE FT WALTON BEACH, FL 32543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, JUDY A 173 PARK DRIVE FT WALTON BEACH, FL 32543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, ROBERT E 173 PARK DRIVE FT WALTON BEACH, FL 32543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert Hughes</i>			DATE: 04/30/05 850-986-5537		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>			<small>Official Phone #</small>		

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2005 90079-026-\$158.75-\$158.75

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ATTACHMENT

DOCUMENT # P02000131152
 1. Entity Name
A1 AUTO UPHOLSTERY, INC.



Principal Place of Business
**173 PARK DRIVE
 FT WALTON BEACH, FL 32543**

Mailing Address
**173 PARK DRIVE
 FT WALTON BEACH, FL 32543**

DO NOT WRITE IN THIS SPACE

00042005 No Chg-P CR2E034 (10/03)

4. FEI Number
05-1689880 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPINDEL & UTRERA, P.A.
 1040 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

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 _____ DATE _____

FILE NUMBER FEE IS \$150.00
 After May 1, 2005 Fee will be \$200.00

9. Election Campaign Financing That Fund Contribution **\$5.00** may be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HUGHES, ROBERT E JR 173 PARK DRIVE FT WALTON BEACH, FL 32543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, JUDY A 173 PARK DRIVE FT WALTON BEACH, FL 32543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO HUGHES, ROBERT E 173 PARK DRIVE FT WALTON BEACH, FL 32543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(c), 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 the corporation.

SIGNATURE: *Robert Hughes* 04/26/05 850-986-5537