



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90047 033 \*\*\*150.00

<b>DOCUMENT # F01000001017</b> 1. Entity Name <b>COLL'S AUTOMOTIVE, INC.</b>					
Principal Place of Business <b>30360 OVERSEAS HIGHWAY          BIG PINE KEY, FL 33043</b>		Mailing Address <b>30360 OVERSEAS HIGHWAY          BIG PINE KEY, FL 33043</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1061567</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>COLL, DANNY          114 CUTTHROAT DRIVE          CUDJOE KEY, FL 33042</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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) DATE _____					
<b>FILE NOW!!! - FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>ST</b> <input checked="" type="checkbox"/> Delete	NAME <b>COLL, ARMANDO</b>		TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Daniel Coll</b>	
STREET ADDRESS <b>31535 AVE B</b>	CITY-ST-ZIP <b>BIG PINE KEY, FL 33043</b>		STREET ADDRESS <b>30360 Overseas Hwy</b>	CITY-ST-ZIP <b>Big Pine Key, FL 33043</b>	
TITLE <b>AS</b> <input checked="" type="checkbox"/> Delete	NAME <b>BRAMINE, PETER</b>		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS <b>30945 AVE A</b>	CITY-ST-ZIP <b>BIG PINE KEY, FL 33043</b>		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 			Date: <b>1/10/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		