


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90028 041 \*\*\*150.00

DOCUMENT # P05000160475

1. Entity Name  
 ALL MAKES COLLISION CENTER, INC.



Principal Place of Business: 9101 N NEBRASKA AVE TAMPA, FL 33604

Mailing Address: % TEMPLE H. DRUMMOND, ESQ  
~~328 W BEARSS AVE~~  
 TAMPA, FL 33613

40036084



2. Principal Place of Business: No P.O. Box #

3. Mailing Address: c/o Temple H. Drummond, Esq.  
 Suite, Apt., etc. 6987 East Fowler Avenue

01232008 Chg-P CR2E034 (12/06)

City & State: Tampa, Florida

4. FEI Number: 20-3920816

Applied For: Not Applicable

6. Name and Address of Current Registered Agent: DRUMMOND, TEMPLE H.  
~~328 W BEARSS AVE~~  
~~TAMPA, FL 33613~~

7. Name and Address of New Registered Agent: Temple H. Drummond, Esq.  
 Street Address (P.O. Box Number is Not Acceptable): Drummond Wehle & Ross LLP  
 6987 East Fowler Avenue  
 City: Tampa FL Zip Code: 33617

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

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: Temple H. Drummond Temple H. Drummond, Esq.

9. Election Campaign Financing:  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: MARSHALL, CARLTON F STREET ADDRESS: 16407 AVILA BLVD CITY-STATE-ZIP: TAMPA, FL 33613	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: D <input type="checkbox"/> Delete	NAME: MARSHALL, KATHERINE W STREET ADDRESS: 16407 AVILA BLVD CITY-STATE-ZIP: TAMPA, FL 33613	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: D <input type="checkbox"/> Delete	NAME: BRINKLEY, JAMES F JR. STREET ADDRESS: 9101 NORTH NEBRASKA AVE. CITY-STATE-ZIP: TAMPA, FL 33604	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
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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 of this report, with an address, and all other information as required.

SIGNATURE: James F Brinkley 2/11/08 Date: 813-935-8000