

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160475

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ALL MAKES COLLISION CENTER, INC.

## Current Principal Place of Business:

9101 N NEBRASKA AVE  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

C/O TEMPLE DRUMMOND, ESQ  
6987 EAST FOWLER AVENUE  
TAMPA, FL 33617

## New Mailing Address:

9101 N. NEBRASKA AVE.  
TAMPA, FL 33604

FEI Number: 20-3920816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H  
DEMMOND WEHLED ROSS LLP  
6987 EAST FOWLER AVENUE  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: KATIE WONSCH, ASSISTANT SECRETARY

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARSHALL, CARLTON F  
Address: 16407 AVILA BLVD  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: MARSHALL, KATHERINE W  
Address: 16407 AVILA BLVD  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: BRINKLEY, JAMES F JR.  
Address: 9101 NORTH NEBRASKA AVE.  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON F. MARSHALL

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date