

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160475

FILED  
Apr 20, 2011  
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:**

9101 N. NEBRASKA AVE.  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 20-3920816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARLTON F. MARSHALL

D

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date