

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000661

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** MASTER COLLISION REPAIR OF SOUTH TAMPA, INC.

**Current Principal Place of Business:**

5002 S. WESTSHORE BLVD.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290298  
TAMPA, FL 33687

**New Mailing Address:**

FEI Number: 20-8145478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 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: PRES  
Name: MITCHELL, DAVID M  
Address: P.O. BOX 290298  
City-St-Zip: TAMPA, FL 33687

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: DAVID MITCHELL

PRES

01/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date