

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000661

FILED
Jan 27, 2012
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:

26615 SR 54 #2
LUTZ, FL 33559 US

Current Mailing Address:

P.O. BOX 290298
TAMPA, FL 33687

New Mailing Address:

26615 SR 54 #2
LUTZ, FL 33559 US

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:

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: /S/ BARBARA BURKE, FOR REG. AGENT

01/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: O'DAY, TIM
Address: 26615 SR 54 #2
City-St-Zip: LUTZ, FL 33559 US

Title: D,VP
Name: BULLOCK, BROCK
Address: 26615 SR 54 #2
City-St-Zip: LUTZ, FL 33559 US

Title: VP
Name: JASKOWIAK, LARRY
Address: 26615 SR 54 #2
City-St-Zip: LUTZ, FL 33559 US

Title: VP
Name: BUNCE, GARY
Address: 26615 SR 54 #2
City-St-Zip: LUTZ, FL 33559 US

Title: S,T
Name: DOTT, DAN
Address: 26615 SR 54 #2
City-St-Zip: LUTZ, FL 33559 US

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: TIM O'DAY

P

01/27/2012

Electronic Signature of Signing Officer or Director

Date