

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031423

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

2020 COLLEGE AVENUE E.  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290298  
TAMPA, FL 33687

**New Mailing Address:**

FEI Number: 20-8659444

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 AVE  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MITCHELL, DAVID M  
Address: 9816 HIGHWAY 301 N  
City-St-Zip: TAMPA, FL 33637

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAVID M. MITCHELL

PRES

02/24/2009

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

\_\_\_\_\_ Date