

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044828

FILED
Apr 28, 2009
Secretary of State

Entity Name: ZOOMER'S AUTO AND COLLISION INC.

Current Principal Place of Business:

4919 TANGERINE AVE S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

4919 TANGERINE AVE S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-3451451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, MICHAEL B
5708 27TH AVE. SOUTH
GULFPORT, FL 33707 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: P () Delete
Name: LUCAS, MICHAEL B
Address: 5708 27TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: CAMPBELL, JOHN
Address: 6120 6 AVE N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL B. LUCAS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date