

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029852

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** DOC'S CUSTOM & COLLISION INC.

**Current Principal Place of Business:**

508 SUNSHINE BLVD  
2  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

508 SUNSHINE BLVD  
2  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**FEI Number:** 65-0823818      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAROCQUE, JOHN M  
3949 EVANS AVE  
403  
FORT MYERS, FL 33901 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: DP  
Name: LAROCQUE, JOHN  
Address: 3949 EVANS AVE #403  
City-St-Zip: FORT MYERS, FL 33901 US

Title: DST  
Name: LAROCQUE, DEBORAH  
Address: 3949 EVANS AVE #403  
City-St-Zip: FORT MYERS, FL 33901 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: JOHN LAROCQUE

DP

01/06/2011

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

\_\_\_\_\_ Date