

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048669

FILED  
Jan 27, 2012  
Secretary of State

Entity Name: DAVE MITCHELL'S COLLISION CENTERS, INC.

## Current Principal Place of Business:

9816 US HWY 301 N  
TAMPA, FL 33637 US

## New Principal Place of Business:

26615 SR 54 #2  
LUTZ, FL 33559 US

## Current Mailing Address:

P.O. BOX 290298  
TAMPA, FL 33687 US

## New Mailing Address:

26615 SR 54 #2  
LUTZ, FL 33559 US

FEI Number: 59-3514252

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