

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087266

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: COLLEX COLLISION EXPERTS OF FLORIDA, INC.

**Current Principal Place of Business:**

12791 METRO PKWY  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

12791 METRO PKWY  
FORT MYERS, FL 33966

**New Mailing Address:**

44700 ENTERPRISE DRIVE  
CLINTON TOWNSHIP, MI 48038 US

FEI Number: 65-0870958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAGLIANO, JOHN  
12791 METRO PKWY  
FORT MYERS, FL 33966 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: GAGLIANO, JOHN  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966

Title: VP ( ) Delete  
Name: GAGLIANO, ROBERT  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966 US

Title: PD ( ) Delete  
Name: LOPEZ, GRACE  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966 US

Title: S ( ) Delete  
Name: GAGLIANO, RICHARD  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966

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

Title: P (X) Change ( ) Addition  
Name: GAGLIANO, JOHN  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GAGLIANO, RICHARD  
Address: 12791 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33966 US

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: GRACE LOPEZ

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date