

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071528

FILED  
Nov 29, 2004  
Secretary of State

Entity Name: NATIONAL AUTO COLLISION CENTERS, INC.

## Current Principal Place of Business:

4122 GUNN HIGHWAY  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

4122 GUNN HIGHWAY  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 59-3661743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELMORE, DAVID  
1250 ROGERS STREET  
SUITE E  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

LEVIN, LEONARD D  
1250 ROGERS STREET  
SUITE E  
CLEARWATER, FL 33756 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: LEONARD D. LEVIN

11/29/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SILBERT, JERRY  
Address: 1250 ROGERS STREET, SUITE E  
City-St-Zip: CLEARWATER, FL 33756

Title: VPD ( ) Delete  
Name: LEVIN, LEONARD D  
Address: 1250 ROGERS STREET, SUITE E  
City-St-Zip: CLEARWATER, FL 33756

Title: STD ( ) Delete  
Name: LEVIN, CAROL J  
Address: 1250 ROGERS STREET, SUITE E  
City-St-Zip: CLEARWATER, FL 33756

Title: VP ( ) Delete  
Name: PIMENTAL, MANUEL  
Address: 1250 ROGERS STREET, SUITE E  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: LEONARD D. LEVIN

VP

11/29/2004

Electronic Signature of Signing Officer or Director

Date