

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010272

FILED
Apr 06, 2007
Secretary of State

Entity Name: JUSTICE SPRING HILL COLLISION, INC.

Current Principal Place of Business:

1190 WENDY CT.
SPRING HILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

396 N AVENUE WEST
BROOKSVILLE, FL 34601

New Mailing Address:

1190 WENDY CT
SPRINGHILL, FL 34607

FEI Number: 59-3493577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTICE, MARK
1190 WENDY CT.
SPRING HILL, FL 34607 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: D () Delete
Name: JUSTICE, MARK
Address: 396 N AVENUE WEST
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JUSTICE, MARK
Address: 1190 WENDY CT
City-St-Zip: SPRINGHILL, FL 34607

Title: D () Change (X) Addition
Name: JUSTICE, JOSEPH
Address: 1190 WENDY CT
City-St-Zip: SPRINGHILL, FL 34607 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK JUSTICE

D

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date