

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071528

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: NATIONAL AUTO COLLISION CENTERS, INC.

## Current Principal Place of Business:

116 CRESTWOOD COURT SOUTH  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

## Current Mailing Address:

116 CRESTWOOD COURT SOUTH  
SAFETY HARBOR, FL 34695

## 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:

LEVIN, LEONARD D  
116 CRESTWOOD COURT SOUTH  
SAFETY HARBOR, FL 34695 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: PD ( ) Delete  
Name: SILBERT, JERRY  
Address: 6167 - 126TH AVENUE NORTH  
City-St-Zip: LARGO, FL 33771

Title: VPD ( ) Delete  
Name: LEVIN, LEONARD D  
Address: 116 CRESTWOOD COURT SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD ( ) Delete  
Name: LEVIN, CAROL J  
Address: 116 CRESTWOOD COURT SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete  
Name: PIMENTAL, MANUEL  
Address: 6167 - 126TH AVENUE NORTH  
City-St-Zip: LARGO, FL 33771

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

## 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:

Title: VP ( ) Change (X) Addition  
Name: VAZQUEZ, ROSALINDA  
Address: 4122 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

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: LEONARD D. LEVIN

VP

03/16/2009

Electronic Signature of Signing Officer or Director

Date