

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000003505

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN COLLISION CENTER, INC.

**Current Principal Place of Business:**

11315 66TH ST.  
LARGO, FL 33773

**New Principal Place of Business:**

11440 66TH ST.  
LARGO, FL 33773

**Current Mailing Address:**

11440 66TH ST.  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 59-3496035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTELLO, JOHN E  
11315 66TH S.T  
LARGO, FL 33773 US

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

COSTELLO, JOHN E  
11440 66TH S.T  
LARGO, FL 33773 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/01/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: COSTELLO, JOHN E  
Address: 11440 66TH STREET N  
City-St-Zip: LARGO, FL 33773

Title: O  
Name: COSTELLO, DOUGLAS J  
Address: 11440 66TH ST N.  
City-St-Zip: LARGO, FL 33773

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: JOHN COSTELLO

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date