
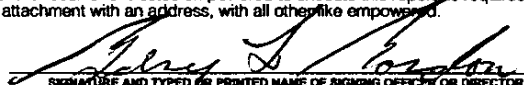


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90356 004 ***158.75

DOCUMENT #619367 1. Entity Name BEACON COLLISION, INC.					
Principal Place of Business 11801 S.R. 52 HUDSON, FL 34669			Mailing Address 8844 ROSS LANE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1918399	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, GARY L 8844 ROSS LANE NEW PORT RICHEY, FL 34654			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MILO		NAME	Gary L. Gordon	
STREET ADDRESS	12611 WHISPER CIRCLE		STREET ADDRESS	8844 ROSS LN	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LINDA		NAME	Sandra F. Gordon	
STREET ADDRESS	12611 WHISPER CIRCLE		STREET ADDRESS	8844 ROSS LN	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	New Port Richey FL 34654	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Gary L. Gordon Date: 3-28-06 727-863-6582 <small>Daytime Phone #</small>		