2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# F05000000033

Entity Name: MICHAEL'S COLLISION TECHNICIANS, INC.

Current Principal Place of Business:

572 ANCHORAGE DRIVE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

572 ANCHORAGE DR
NORTH PALM BEACH, FL 33408

New Mailing Address:

572 ANCHORAGE DRIVE
NORTH PALM BEACH, FL 33408

FEI Number: 86-0587663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIVES, MICHAEL J
572 ANCHORAGE DRIVE
NORTH PALM BEACH, FL 33408 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: PSTD ( ) Delete
Name: MEIVES, MICHAEL J
Address: 572 ANCHORAGE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC ( ) Change (X) Addition
Name: MEIVES, MICHAEL J SECTARY
Address: 572 ANCHORAGE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SAME ( ) Change (X) Addition
Name: SAME, SAME
Address: SAME AS ABOVE
City-St-Zip: SAME, FL

Title: SAME ( ) Change (X) Addition
Name: SAME, SAME
Address: SAME AS ABOVE
City-St-Zip: SAME, FL

Title: SAME ( ) Change (X) Addition
Name: SAME, SAME
Address: SAME AS ABOVE
City-St-Zip: SAME, FL

Title: SAME ( ) Change (X) Addition
Name: SAME, SAME
Address: SAME AS ABOVE
City-St-Zip: SAME, FL

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: MICHAEL MEIVES PRES 02/05/2009

Electronic Signature of Signing Officer or Director Date