## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F60771

FILED Jan 04, 2005 Secretary of State

**Entity Name:** ALL BREVARD COLLISION REPAIR, INC.

**Current Principal Place of Business: New Principal Place of Business:** ALL BREVARD COLLISION 2730 PALM BAY RD. N.E. PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** ALL BREVARD COLLISION 2730 PALM BAY RD. N.E. PALM BAY, FL 32905 FEI Number: 59-2163824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NASH, CHARLES IAN 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RICHARDS, SUSAN Name: Name: PO BOX 110486 Address: Address: City-St-Zip: PALM BAY, FL 32911 City-St-Zip: Title: EVP Title: () Delete () Change () Addition KLENCK, JEROME W SR. Name: Name: 1205 LARKSPUR DRIVE Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: Title: ( ) Delete () Change () Addition KLENCK, JEROME W. JR. Name: Name: 490 PERIWINKLE DRIVE Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KLENCK, MICHAEL Name: Name: Address: 1522 HARVARD CIR 7 Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: KLENCK, MARK Name: 1900 WINDBROOK DR SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN RICHARDS ST 01/04/2005