

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60771

FILED
Jan 04, 2006
Secretary of State

Entity Name: ALL BREVARD COLLISION REPAIR, INC.

Current Principal Place of Business:

ALL BREVARD COLLISION
2730 PALM BAY RD. N.E.
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

ALL BREVARD COLLISION
2730 PALM BAY RD. N.E.
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-2163824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, CHARLES IAN
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

FRESE, GARY
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: GARY FRESE

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: RICHARDS, SUSAN
Address: PO BOX 110486
City-St-Zip: PALM BAY, FL 32911

Title: EVP () Delete
Name: KLENCK, JEROME W SR,
Address: 1205 LARKSPUR DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: KLENCK, JEROME W. JR.
Address: 490 PERIWINKLE DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: KLENCK, MICHAEL
Address: 1522 HARVARD CIR 7
City-St-Zip: PALM BAY, FL 32905

Title: P () Delete
Name: KLENCK, MARK
Address: 1900 WINDBROOK DR SE
City-St-Zip: PALM BAY, FL 32909

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN S RICHARDS

ST

01/04/2006

Electronic Signature of Signing Officer or Director

Date