

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90056 048 \*\*\*150.00

**DOCUMENT # F60771**

1. Entity Name

ALL BREVARD COLLISION REPAIR, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6933 Vickie Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W Melbourne FL

4. FEI Number 59-2163824

Applied For  
Not Applicable

Zip

Country

Zip

Country

32904

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY  
930 S HARBOR CITY BLVD  
SUITE 505  
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
RICHARDS, SUSAN  
PO BOX 110486  
PALM BAY FL 32911 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
EVP  
KLENCK, JEROME W SR  
1205 LARKSPUR DRIVE  
SEBASTIAN FL 32958 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
D  
KLENCK, JEROME W. JR.  
490 PERIWINKLE DRIVE  
SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
D  
KLENCK, MICHAEL  
1522 HARVARD CIR 7  
PALM BAY FL 32905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
P  
KLENCK, MARK  
1900 WINDBROOK DR SE  
PALM BAY FL 32909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Susan S. Richards

4/25/07

(32)

7220182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #