

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002682

Entity Name: MASTER COLLISION REPAIR, INC.

FILED  
Apr 21, 2004  
Secretary of State

**Current Principal Place of Business:**

9002 ADAMS DR  
TAMPA, FL 33619

**New Principal Place of Business:**

9002 ADAMO DR  
TAMPA, FL 33619

**Current Mailing Address:**

P.O. BOX 290298  
TAMPA, FL 33687

**New Mailing Address:**

FEI Number: 65-0834249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIORDANO, JOHN N  
BUSH ROSS GARDNER WARREN & RUDY, P.A.  
220 S FRANKLIN STREET  
TAMPA, FL 33602 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: PVTS ( ) Delete  
Name: MITCHELL, DAVE  
Address: PO BOX 290298  
City-St-Zip: TAMPA, FL 336870298

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVE MITCHELL

PVTS

04/21/2004

Electronic Signature of Signing Officer or Director

Date