


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L05536
 1. Entity Name
COLLISION FASTENER SERVICE, INC.



Principal Place of Business Mailing Address
 3937 NW 22ND STREET 3937 NW 22 ST.
 COCONUT CREEK, FL 33066 US COCONUT CREEK, FL 33066 US

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0135007 Not Applicable

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

6. Name and Address of Current Registered Agent
 BARBOUR, JOHN
 3937 NW 22ND STREET
 COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBOUR, JOHN
STREET ADDRESS	3937 NW 22ND STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	TD
NAME	BARBOUR, JOHN
STREET ADDRESS	3937 NW 22ND STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	S
NAME	BARBOUR, HELEN
STREET ADDRESS	3937 NW 22 ST.
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000281938
 03/31/05-80022-021 158.75

DO NOT WRITE IN THIS SPACE

12. 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 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: John Barbour Date: 3/28/05 Daytime Phone #: 954-564-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR