

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05536

FILED  
Feb 02, 2011  
Secretary of State

**Entity Name:** COLLISION FASTENER SERVICE, INC.

**Current Principal Place of Business:**

3937 NW 22ND STREET  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

3937 NW 22ND STREET  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

FEI Number: 65-0135007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BARBOUR, JOHN C PRES  
3937 NW 22ND STREET  
COCONUT CREEK, FL 33066 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARBOUR, JOHN  
Address: 3937 NW 22ND STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD  
Name: BARBOUR, JOHN  
Address: 3937 NW 22ND STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: S  
Name: BARBOUR, HELEN  
Address: 3937 NW 22 ST.  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby 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 all other like empowered.

SIGNATURE: JOHN C BARBOUR

PRES

02/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date