2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED May 27, 2004 08:00 AM Secretary of State

DOCUMENT # N04000005452 1. Entity Name JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.							Secretary of State				
		PO B	g Address OX 550863 SONVILLE, FL 322	255-086	3						
2. Principal Place of Business 3. A			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt #, etc.			05112004	Chg-NP	CR2E0:	37 (10/03)		
City & State			City & State			4. FEI Number 59-3735	012		·	plied For t Applicable	
Zip	Country ⁻	Ziç)	Cou	ntry	5. Certificate of	f Status Desired		\$8.75 Add Fee Required	itional i	
	8. Name and Address of Curr	ent Registers	d Agent			7. Name and A	ddress of New	Registered	Agent		
מערי בטי	MARD				Name						
AKEL, EDWARD C ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202			Street Adds		Street Addres	s (P.O. Box Number	is Not Acceptab	le)			
	, . <u> </u>				City				Zip Code)	
					City			FL	- Lip 0000	4	
	named entity submits this statemer ions of registered agent.	nt for the purp	ose of changing its	registere	ed office or regis	stered agent, or both	, in the State of F	lorida, I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered a	gent and little if app	oscable. (NOTE	Registere	d Agent signature requ	ared when reinstaling)		DATE			
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Di	Filing Fee is \$61.25 ue by September 8, 2004		9. Election Can Trust Fund C		inancing	\$5.00 May Be Added to Fees		Make chec	k payable to tment of St		
	ue by September 8, 2004	DIRECTORS	Trust Fund C		inancing	\$5.00 May Be	Fic	Make chec orida Depai	tment of St	ate	
13.		DIRECTORS	Trust Fund C	Contributi	inancing lon.	\$5.00 May Be Added to Fees	Fic	Make chec orida Depai	tment of St	ate	
10. TITLE NAME	OFFICERS AND DT SWANN, BILL	DIRECTORS	Trust Fund C	20ntributi 11. HILE NAMI	inancing lon.	\$5.00 May Be Added to Fees	Fic NGES TO OFFIC	Make chec orida Depar ERS ANŌ DI	Timent of St RECTORS IN	10 Addition	
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