

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005452

FILED  
Feb 09, 2006  
Secretary of State

**Entity Name:** JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

C/O ANDY CANNADY  
8655 PHILIPS HWY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

C/O ROBERT WEISS  
7600 BAILEY BODY ROAD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4301 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**New Mailing Address:**

7600 BAILEY BODY ROAD  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3735012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, EDWARD C  
ONE INDEPENDENT DR., STE. 2301  
JACKSONVILLE, FL 32202 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: DT ( ) Delete  
Name: SWANN, BILL  
Address: 4301 UNIVERSITY BLVD S  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP ( ) Delete  
Name: CANNADY, ANDY  
Address: 8655 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV ( ) Delete  
Name: CAREY, STEPHEN  
Address: 5859 WENDING DR  
City-St-Zip: JACKSONVILLE, FL 32244

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

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

Title: DP (X) Change ( ) Addition  
Name: WEISS, ROBERT  
Address: 7600 BAILEY BODY ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ADAMS

MR

02/09/2006

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

\_\_\_\_\_  
Date