

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071528

FILED
Feb 05, 2005
Secretary of State

Entity Name: NATIONAL AUTO COLLISION CENTERS, INC.

Current Principal Place of Business:

4122 GUNN HIGHWAY
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4122 GUNN HIGHWAY
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3661743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, LEONARD D
1250 ROGERS STREET
SUITE E
CLEARWATER, FL 33756 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: PD () Delete
Name: SILBERT, JERRY
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: LEVIN, LEONARD D
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

Title: STD () Delete
Name: LEVIN, CAROL J
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: PIMENTAL, MANUEL
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LEONARD D. LEVIN

VPD

02/05/2005

Electronic Signature of Signing Officer or Director

Date