

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071528

FILED
Apr 16, 2011
Secretary of State

Entity Name: NATIONAL AUTO COLLISION CENTERS, INC.

Current Principal Place of Business:

116 CRESTWOOD COURT SOUTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

116 CRESTWOOD COURT SOUTH
SAFETY HARBOR, FL 34695

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
116 CRESTWOOD COURT SOUTH
SAFETY HARBOR, FL 34695 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: PD
Name: SILBERT, JERRY A
Address: 1402 CRESTWOOD COURT NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD
Name: LEVIN, LEONARD D
Address: 116 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD
Name: LEVIN, CAROL J
Address: 116 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD
Name: PIMENTAL, MANUEL
Address: 8712 WOODLAWN COURT
City-St-Zip: PORT RICHEY, FL 34668

Title: VP
Name: VAZQUEZ, ROSALINDA
Address: 4122 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

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: LEONARD D. LEVIN

VP

04/16/2011

Electronic Signature of Signing Officer or Director

Date