

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P00000110756

1. Entity Name  
BEACH COLLISION CENTER, INC.



Principal Place of Business  
8105 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

Mailing Address  
8105 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

2. Principal Place of Business - No P.O. Box #

*Beach Collision*

Suite, Apt. #, etc.

3. Mailing Address

*8105 Front Beach Rd*

Suite, Apt. #, etc.

City & State

*Panama City Beach FL*

Zip *32407*

Country *Bay*

City & State

Zip

Country

4. FEI Number **59-3697615**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, DONALD  
8105 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1 FEB 07*

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWSOME, DONALD 8105 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, JAMES 8105 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1 FEB 07*

*550 233-2888*

Date

Daytime Phone #