

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 029 \*\*\*150.00

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

3. Mailing Address

8105 FRONT BEACH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

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

7. Name and Address of New Registered Agent

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)

DATE

1 FEB 07

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NEWSOME, DONALD ☐ Delete  
STREET ADDRESS 8105 FRONT BEACH ROAD  
CITY - ST - ZIP PANAMA CITY BEACH FL 32407

TITLE V  
NAME CAMPBELL, JAMES ☒ Delete  
STREET ADDRESS 8105 FRONT BEACH ROAD  
CITY - ST - ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Date

550 233-2888

Daytime Phone #