

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000111249**

1. Entity Name  
**CAMPBELL'S COLLISION CENTER, INC.**



Principal Place of Business  
**1405 US 27 NORTH  
SEBRING, FL 33870**

Mailing Address  
**1405 US 27 NORTH  
SEBRING, FL 33870**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03072007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**65-1059809**

Applied For  
Not Applicable

1 Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHOADES, CLIFFORD R  
227 N RIDGEWOOD DR  
SEBRING, FL 33870**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CAMPBELL, JAMES E**  
CITY-ST-ZIP **6463 ORDUNA DR  
SEBRING, FL 33872**

☐ Change ☐ Addition  
NAME **U00000673379**  
STREET ADDRESS **03/29/07-80026-025**  
CITY-ST-ZIP **150.00**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CAMPBELL, AMY G**  
CITY-ST-ZIP **6463 ORDUNA DR  
SEBRING, FL 33872**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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 Chapter 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:

*Amy G. Campbell* **Amy G. Campbell**

**3-15-07**

**863-382-7531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #