

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111250

1. Entity Name
BLOUNTSTOWN COLLISION CENTER, INC.



Principal Place of Business
**18925 HIGHWAY 20 WEST
BLOUNTSTOWN, FL 32424**

Mailing Address
**POST OFFICE BOX 267
BLOUNTSTOWN, FL 32424**



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064375	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, WILLIAM R
18925 HIGHWAY 20 WEST
BLOUNTSTOWN, FL 32424**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, WILLIAM R
STREET ADDRESS	18295 HWY 20 N
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	VS
NAME	MILLER, GINA D
STREET ADDRESS	18295 HWY 20 WEST
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80043-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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, trustee empowered to restate 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 lines empowered.

SIGNATURE: *Gina D. Miller* **GINA D. MILLER** 4/6/06 850674403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #