

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000111250

**Entity Name:** BLOUNTSTOWN COLLISION CENTER, INC.

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18925 HIGHWAY 20 WEST  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

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

**New Mailing Address:**

**FEI Number:** 65-1064375      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, WILLIAM R  
Address: 18295 HWY 20 N  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VP  
Name: MILLER, GINA D  
Address: 18295 HWY 20 WEST  
City-St-Zip: BLOUNTSTOWN, FL 32424

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: GINA D. MILLER

VP

03/24/2010

Electronic Signature of Signing Officer or Director

Date