

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000112505**

1. Entity Name  
**CRENSHAW COLLISION REPAIR, INC.**



Principal Place of Business  
**657 S. O-MUL-LA-OEE DR  
SEBRING, FL 33870**

Mailing Address  
**657 S. O-MUL-LA-OEE DR  
SEBRING, FL 33870**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1058444</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CRENSHAW, SHERI ---  
657 S O-MUL-LA-OEE DR  
SEBRING, FL 33870**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CRENSHAW, MIKE
STREET ADDRESS	657 S O-MUL-LA-OEE DR
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	D
NAME	CRENSHAW, SHERI
STREET ADDRESS	657 S O-MUL-LA-OEE DR
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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**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 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

Date

Daytime Phone #

*Sheri Crenshaw* 1-17-08 863-385-7880