


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90299 037 \*\*\*150.00

<b>DOCUMENT # P01000021073</b> 1. Entity Name <b>BAYVIEW COLLISION, INC.</b>																													
Principal Place of Business <b>4130 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207</b>			Mailing Address <b>4130 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3701645</b> Applied For <input type="checkbox"/> Not Applicable																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>AAA BUSINESS &amp; TAX SERVICES INC 1112 3RD ST., SUITE 7 NEPTUNE BEACH, FL 32266</b>				7. Name and Address of New Registered Agent Name <b>AAA Business &amp; Tax Services LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4070 Herschel St.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32210</b>																									
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 <u><i>Victoria J Kiely</i></u> <b>Victoria J Kiely</b> <i>Vice President</i> <b>4/20/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SHELTON, TERENCE A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4130 ST. AUGUSTINE ROAD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>JACKSONVILLE, FL 32207</b></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	<b>SHELTON, TERENCE A</b>		STREET ADDRESS	<b>4130 ST. AUGUSTINE ROAD</b>		CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Terence A. Shelton* **Terence A. Shelton** **4/20/05** **904-398-1542**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**50043307**



04202005 Chg-P CR2E034 (10/03)