



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 023 ***150.00

DOCUMENT # P01000021073					
1. Entity Name BAYVIEW COLLISION, INC.					
Principal Place of Business 4130 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207			Mailing Address 4130 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2972 Songbird Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Atlantic Beach, FL		4. FEI Number 59-3701645	
Zip		Country		Applied For Not Applicable	
Zip 32233		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AAA BUSINESS & TAX SERVICES INC 4070 HERSCHEL ST JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name: Terence Shelton Street Address (P.O. Box Number is Not Acceptable): 2972 Songbird Drive City: Atlantic Beach FL Zip Code: 32233		
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: Terence Shelton  DATE: 4/8/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/> SHELTON, TERENCE A 4130 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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: Terence Shelton  DATE: 4/8/08 DAYTIME PHONE: 904-626-3680 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					