2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1.

Secretary of State DOCUMENT # P01000038471 01-26-2006 90029 010 ***150.00 PROFESSIONAL COLLISION CENTER OF PENSACOLA, Principal Place of Business Mailing Address 4201 N PALAFOX ST. PENSACOLA FL 32505 4201 N PALAFOX ST. PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3713170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORBUSH, PAUL J 7700 BEECHWOOD DR. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32514 Zip Code 32534 .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. an (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Addition Forbusin, Christopher B FORBUSH, PAUL J SR NAME NAME STREET ADDRESS 7700 BEECHWOOD DRIVE STREET ADDRESS 1660 Rebecca St CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP Pensacola FL 32534 ☐ Delete TITLE TITLE ☐ Addition Forbush, Paul J Sr 7700 Beachwood Orive NAME FORBUSH, CHRISTOPHER N NAME STREET ADDRESS 1660 REBECCA ST STREET ADDRESS CITY+ST-ZIP PENSACOLA FL CITY-ST-ZIP Pensacola FL 32514 TITLE Detate TITLE NAME NAME FORBUSH, CONSTANCE STREET ADDRESS STREET ADDRESS 7700 BEECHWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

OFFICER OR DIRECTOR

1-18-06

850-444 - 9444

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 26, 2006 8:00 am