

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038471

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL COLLISION CENTER OF PENSACOLA, INC.

**Current Principal Place of Business:**

4201 N PALAFOX ST.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

4201 N PALAFOX ST.  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-3713170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FORBUSH, CHRISTOPHER B  
1660 REBECCA ST  
PENSACOLA, FL 32534    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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORBUSH, CHRISTOPHER B  
Address: 1660 REBECCA ST  
City-St-Zip: PENSACOLA, FL 32534

Title: V  
Name: FORBUSH, PAUL J SR  
Address: 7700 BEACHWOOD DR  
City-St-Zip: PENSACOLA, FL 32514

Title: ST  
Name: FORBUSH, CONSTANCE  
Address: 7700 BEECHWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32514

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: CHRISTOPHER B FORBUSH

P

02/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date