

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P01000085001

1. Entity Name

PRECISION AUTO COLLISION, INC.



11 MAY 20 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

425 Bellevue Ave

Suite, Apt. #, etc.

3. Mailing Address

425 Bellevue Ave

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

59-3745307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John D'Addario

Street Address (P.O. Box Number is Not Acceptable)

18 Coach Light Ct

City

Daytona Beach

FL

Zip Code

32114

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

E-mail Address:

ledgerplus@aol.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	John D'Addario
STREET ADDRESS	18 Coach Light Ct
CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/11-01045--006 \*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 847.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/16/11

(386) 405-6007

5/20/11