

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000085498

1. Entity Name  
HI-TECH AUTO COLLISION & REPAIRS, INC.



Principal Place of Business

1014 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

Mailing Address

1014 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

**DO NOT WRITE IN THIS SPACE**

05-04-2006 90203 039 \*\*\*150.00

**FILED  
May 04, 2006 8:00 am  
Secretary of State**

40083036



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3744376	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOAKNAUTH, OMAR  
143 BLUE STONE CIRCLE  
WINTER GARDEN, FL 34787

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00.  
After May 1, 2006 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOAKNAUTH, OMAR
STREET ADDRESS	143 BLUE STONE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Wally Loaknauth, OMAR LOAKNAUTH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/06 407-294-2000

Date

Daytime Phone #