

**2007 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**

**FILED  
May 04, 2007 8:00 am  
Secretary of State**

05-04-2007 90089 045 \*\*\*150.00



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3744376	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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, 2007 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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TITLE	
NAME	
STREET ADDRESS	
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 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 Lookauth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/07  
Date

407-294-2000  
Daytime Phone #