


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000106657 1. Entity Name THE COLLISION STATION, INC.	
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Principal Place of Business 931 ALEXANDER AVE PORT ORANGE, FL 32129	Mailing Address 931 ALEXANDER AVE PORT ORANGE, FL 32119
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02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3757647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOSE, C RICHARD III 2206 EAST PLYMOUTH AVE DELAND, FL 32724
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**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)

February 24, 2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000246575
02/28/05-80071-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSE, C RICHARD III 2206 EAST PLYMOUTH DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSE, MELISSA E 2206 EAST PLYMOUTH DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALL, LINDA D 120 DUCK HAWK CIR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALL, IRVIN J 120 DUCK HAWK CIR DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 24, 2005 386 322 4447
Date Daytime Phone #