
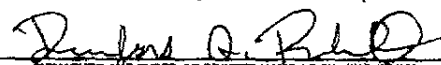


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000116434		
1. Entity Name DOUG'S COLLISION AND FINISHES, INC.		
Principal Place of Business 128 FOUNTIAN DRIVE PIERSON, FL 32180		Mailing Address P.O. BOX 541 PIERSON, FL 32180
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROBERTS, DOUGLAS 128 FOUNTIAN DRIVE PIERSON, FL 32180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	ROBERTS, DOUGLAS	
STREET ADDRESS	PO BOX 541-128 FOUNTAIN DRIVE	
CITY - ST - ZIP	PIERSON, FL 32180	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		4-18-06 386-749-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0008925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000529138
05/05/06-80064-016 150.00

**DO NOT WRITE
IN THIS SPACE**