

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005969

FILED
Apr 18, 2004
Secretary of State

Entity Name: COLLISION PROFESSIONALS INC.

Current Principal Place of Business:

1048 S.W. BILTMORE STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1048 S.W. BILTMORE STREET
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-0016196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAUL
218 SOUTHERN COUNTRY LANE
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RENELLA, JOSEPH
Address: 1545 S.E. PITCHER RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VPD () Delete
Name: RENELLA, ANTHONY
Address: 1048 S.W. BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RENELLA, JOSEPH
Address: 891 SW MUNJACK CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH RENELLA

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date