2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # P02000021405 **Secretary of State** 1. Entity Name TONA AUTO AND COLLISION CENTER, INC. Mailing Address Principal Place of Business 20 HOLLYWOOD BLVD. FT. WALTON BCH FL 32548 20 HOLLYWOOD BLVD. FT. WALTON BCH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2960751 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TONA, RICHARD JR. 20 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BCH FL 32548 City Zip Code 8. The above named antity submit syhis 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 agen RICHARD TOWN SIGNATURE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change Addition nneDelete TITLE NAME NAME TONA, RICHARD JR. U00000405730 02/07/06-80052-005 150.00 STREET ADDRESS STREET ADDRESS 126 MONAHAN DR. FT. WALTON BCH FL 32548 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STRUET ADDRESS CITY ST-ZIP CITY-ST-ZIP Oelete ☐ Change ☐ Adding TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Advitt TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change Art **** NAME STREET ADDRESS STREÉT ADDRESS CUTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 direction of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 of changed, or on an attachment with an abdress with all other like empowered.

KICHARD TONA

SIGNATURE:

FILED

01/21/06