



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000131775</b>		
1. Entity Name COLLISION & CUSTOM AUTO OF PALM COAST, INC.		
Principal Place of Business 7 MARKET PLACE COURT PALM COAST, FL 32137	Mailing Address 7 MARKET PLACE COURT PALM COAST, FL 32137	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PARLOW, JEFFREY T 78 WOODSIDE DRIVE PALM COAST, FL 32137		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PARLOW, JEFFREY T 78 WOODSIDE DRIVE PALM COAST, FL 32164	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <u>Jeffrey Parlow</u>		4/29/2004 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		386-445-7359 Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2086695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/04-80181-016 150.00