

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000004845

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** VERO COLLISION CENTER, INC.

**Current Principal Place of Business:**

546 1 ST  
VERO BCH, FL 32962

**New Principal Place of Business:**

546 1ST STREET  
VERO BEACH, FL 32962

**Current Mailing Address:**

546 1 ST  
VERO BCH, FL 32962

**New Mailing Address:**

546 1 ST STREET  
VERO BEACH, FL 32962

**FEI Number:** 32-0048033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSSER, FRED  
546 1 ST  
VERO BCH, FL 32962 US

**Name and Address of New Registered Agent:**

COSSER, MICHAEL  
546 1 ST STREET  
VERO BEACH, FL 32962 US

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:** MICHAEL COSSER

03/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COSSER, MICHAEL J  
**Address:** 546 1 ST STREET  
**City-St-Zip:** VERO BEACH, FL 32962

**Title:** VP  
**Name:** COSSER, FRED C  
**Address:** 546 1ST STREET  
**City-St-Zip:** VERO BEACH, FL 32962

**Title:** T  
**Name:** COSSER, MICHAEL J  
**Address:** 546 1ST STREET  
**City-St-Zip:** VERO BEACH, FL 32962

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL J COSSER

P

03/25/2010

Electronic Signature of Signing Officer or Director

Date