2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P03000015259 1. Entity Name 04-22-2004 90078 003 \*\*\*150.00 COLLISION CENTER REALTY, INC. Mailing Address Principal Place of Business 15777 BOLESTA RD 133 15777 BOLESTA RD 133 **00080011** CLEARWATER FL 33760-3464 CLEARWATER FL 33760-3464 3. Mailing Address 2. Principal Place of Business 1819 11th Avenue, N 1819 11th Avenue, N Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State St Petersburg, FL City & State St Petersburg, FL 4. FEI Number Applied For 02-0674219 Not Applicable Country Pinellas Zip Country \$8.75 Additional Pinellas 5. Certificate of Status Desired 33713 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven W. Kambouris BASTEDO, RAYMOND Street Address (P.O. Roy Number is Not Acceptab 15777 BOLESTA RD 133 1819 11th Avenue, N CLEARWATER FL 33760-3464 City <sup>z</sup>⊢33713 St Petersburg 8. The above named entity of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept submits this statement for the purpose the obligations of regis ered agent. SIGNATURE X printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE/NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE (X) Change Addition ☐ Delete DVPT Bastedo, Raymond 15777 Bolesta RD 133 Clearwater FL 33760-3464 NAME BASTEDO, RAYMOND NAME 15777 BOLESTA RD 133 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760-3464 CITY-ST-7IP Change X Addition TITLE ☐ Delete TITLE Steven W. Kambouris NAME NAME STREET ADDRESS STREET ADDRESS 1819 11th Avenue, N CITY-ST-ZIP CITY-ST-ZIP St Petersburg, FL 33713 ☐ Change **X** Addition TITLE TITLE ☐ Delete NAME -Joseph G.Kolodziej NAME 9230 Merrimoor Blvd. Largo, FL 33777 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(i), 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

FILED

Date

Davtime Phone #