

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 001 ***150.00

DOCUMENT # P03000028501

1. Entity Name

MANNY'S COLLISION CENTER, INC,



Principal Place of Business

1620 S.E. NIEMEYER CIR,
PORT ST. LUCIE FL 34952

Mailing Address

1620 S.E. NIEMEYER CIR,
PORT ST. LUCIE FL 34952



2. Principal Place of Business - No P.O. Box #

1682 SE Niemeyer Circle

3. Mailing Address

1682 SE Niemeyer Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port St Lucie, FL 34952

Port St Lucie - Florida

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

43-2002395

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

(KARAMANOLIA) EMMANUEL (correction)
1620 S.E. NIEMEYER CIR,
PORT ST. LUCIE FL 34952

and
new
address

Name

Emmanuel Karamanolis

Street Address (P.O. Box Number is Not Acceptable)

1682 SE Niemeyer Circle

Port St Lucie

FL

34952

City

FL

Zip Code

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

Emmanuel Karamanolis

First officer

03.01.2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KARAMANOLIS, EMMANUEL
1620 S.E. NIEMEYER CIR,
PORT ST. LUCIE FL 34952 ☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Emmanuel Karamanolis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUEL KARAMANOLIS

First officer

02.26.07 772-342-0292

Date

Daytime Phone #