2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90035 026 ***158.75

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1. Entity Name
HI-TECH COLLISION & AUTO, INC.

Principal Place of Business	Mailing Address
3716 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916	3716 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0157885 ☐ Applied For ☐ Not Applicable

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
CRIOLLO, DOLORES 1806 WIDE ROAD CAPE CORAL, FL 33991	Name: ALBERTO ARREOLA Street Address (P.O. Box Number is Not Acceptable): 2029 S.E. 17th PLACE City: CAPE CORAL FL Zip Code: 33990

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 CRIOLLO, FRANCISO 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ALBERTO ARREOLA 2029 S.E. 17th PLACE CAPE CORAL FL 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIOLLO, MARIA 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES JUAN RODRIGUEZ 2029 S.E. 17TH PLACE CAPE CORAL, FL, 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIOLLO, VICTOR 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BARBARA RODRIGUEZ 2029 S.E. 17th PLACE CAPE CORAL, FL, 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIOLLO, DOLORES 1805 WIDE ROAD CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. MARIA ARREOLA 2029 S.E. 17th PLACE CAPE CORAL FL 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIOLLO, ELIZABETH 1805 WIDE ROAD CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. DOLORES CRIOLLO 137 S.E 12th PL Cape Coral FL, 33990 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 1-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

ALBERTO ARREOLA, PRESIDENT (239) 334-2639