

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90010 014 ***158.75

DOCUMENT # P03000070456 1. Entity Name STAR AUTO COLLISION CENTER, INC.			
Principal Place of Business 3702 E HILLSBOROUGH AVE TAMPA, FL 33610		Mailing Address 3702 E HILLSBOROUGH AVE TAMPA, FL 33610	
2. Principal Place of Business 4810 N Hale ave. Suite, Apt. #, etc.		3. Mailing Address 4810 N Hale ave Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33614		Zip 33614	
Country HILLSBORO		Country HILLSBORO	
4. FEI Number 65 1192485		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEE, WILLIAM 3702 E HILLSBOROUGH AVE TAMPA, FL 33610 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  DATE 7/28/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEE, WILLIAM 3702 E HILLSBOROUGH AVE TAMPA, FL 33610	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 7/28/04 Daytime Phone #	