

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070456

FILED  
Jul 20, 2005  
Secretary of State

Entity Name: STAR AUTO COLLISION CENTER, INC.

**Current Principal Place of Business:**

4810 N HALE AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4810 N HALE AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 65-1192485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEE, WILLIAM  
3702 E HILLSBOROUGH AVE  
TAMPA, FL 33610 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KLEE, WILLIAM  
Address: 3702 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM KLEE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

07/20/2005

\_\_\_\_\_  
Date