

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 038 ***150.00

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1. Entity Name
CENTRAL FLORIDA COLLISION SERVICES INC.



Principal Place of Business
**7676 E. COLONIAL DR.
ORLANDO, FL 32807**

Mailing Address
**7676 E. COLONIAL DR.
ORLANDO, FL 32807**

50015687



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1687063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOOBAY, REAWATTIE
~~2300 BRIKHAM AVE~~
~~ORLANDO, FL 32828~~
7676 E. Colonial Dr.
Orlando, FL 32807

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOOBAY, REAWATTIE
STREET ADDRESS	2300 BRIKHAM AVE 7676 E. Colonial Dr.
CITY-ST-ZIP	ORLANDO, FL 32828 Orlando, FL 32807
TITLE	D
NAME	DOOBAY, NARINDRA
STREET ADDRESS	2300 BRIKHAM AVE 7676 E. Colonial Dr.
CITY-ST-ZIP	ORLANDO, FL 32828 Orlando, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Narindra Doobay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 **407-658-2017**
Date Daytime Phone #