


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000092944</b>	
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
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1687063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DOOBAY, REAWATTIE 7676 EAST COLONIAL DR ORLANDO, FL 32807
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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 <i>Reawattie Doobay</i> <small>Signature, typed or printed name of registered agent and end if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4/29/08</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000940979 05/28/08-80088-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOOBAY, REAWATTIE 7676 EAST COLONIAL DR ORLANDO, FL 32807
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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: <i>Reawattie Doobay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/29/08</i>	DAYTIME PHONE # <i>321-663-6278</i>