

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-27-2004 90060 002 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000095280 1. Entity Name CRASH RECONSTRUCTION SPECIALISTS, INC.					
Principal Place of Business 2345 COUPLES DRIVE LAKELAND FL 33813			Mailing Address 2345 COUPLES DRIVE LAKELAND FL 33813		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1708439	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATALANO, MICHAEL J 2345 COUPLES DRIVE LAKELAND FL 33813				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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CATALANO, MICHAEL J		TITLE <input type="checkbox"/> Delete		
STREET ADDRESS 2345 COUPLES DRIVE	CITY-ST-ZIP LAKELAND FL 33813		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME HUGHES, HERBERT L		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1802 CREEKBEND DRIVE	CITY-ST-ZIP LAKELAND FL 33811		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE		
STREET ADDRESS	CITY-ST-ZIP		NAME		
TITLE	NAME		TITLE		
STREET ADDRESS	CITY-ST-ZIP		NAME		
TITLE	NAME		TITLE		
STREET ADDRESS	CITY-ST-ZIP		NAME		
TITLE	NAME		TITLE		
STREET ADDRESS	CITY-ST-ZIP		NAME		
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			104-25-04 / (863) 701 8768 Date Daytime Phone		