

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Feb 15, 2007 8:00 am
Secretary of State

01-17-2007 90049 031 ***150.00

DOCUMENT # P03000114316 1. Entity Name WESTSIDE COLLISION CENTER OF PENSACOLA, INC.	
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Principal Place of Business 7607 FLOWER STREET PENSACOLA, FL 32506	Mailing Address 7607 FLOWER STREET PENSACOLA, FL 32506
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DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1476460	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BAZINET, ROCK R JR
11147 BRIDGE CREEK DRIVE
PENSACOLA, FL 32506**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLANE, ROBERT 7475 DANNY WAY PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAZINET, ROCK 11147 BRIDGE CREEK DR. PENSACOLA, FL 32506
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert W McLane* Robert W McLane 2/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #