

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114316

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** WESTSIDE COLLISION CENTER OF PENSACOLA, INC.

**Current Principal Place of Business:**

7607 FLOWER STREET  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

7607 FLOWER STREET  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:** 37-1476460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAZINET, ROCK R JR  
11147 BRIDGE CREEK DRIVE  
PENSACOLA, FL 32506 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCLANE, ROBERT  
Address: 7475 DANNY WAY  
City-St-Zip: PENSACOLA, FL 32526

Title: ST  
Name: BAZINET, ROCK  
Address: 11147 BRIDGE CREEK DR.  
City-St-Zip: PENSACOLA, FL 32506

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W MCLANE

P

02/27/2012

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

\_\_\_\_\_  
Date