


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000116485. 1. Entity Name MASTER FINISH COLLISION, INC.	
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Principal Place of Business 1711 B NORTH POWERLINE ROAD POMPANO BEACH, FL 33073	Mailing Address 1711 B NORTH POWERLINE ROAD POMPANO BEACH, FL 33073
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2404816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAFFORD, CURT
1815 NORTH STATE RD 7
MARGATE, FL 33063**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, RICHARD D 1711 B NORTH POWERLINE ROAD POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAFFORD, CURTIS F 1711 B NORTH POWERLINE ROAD POMPANO BEACH, FL 33073
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IN THIS SPACE**

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, will or other like empowered.

SIGNATURE: Richard Williams **RICHARD WILLIAMS** 3/23/05 ⁹⁵⁴ 933-9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #