


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000134227</b> 1. Entity Name AUTOCRAFT COLLISION INDUSTRIES, INC.	
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Principal Place of Business 4412 SE COMMERCE AVE. STUART, FL 34997	Mailing Address 4412 SE COMMERCE AVE. STUART, FL 34997
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**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0609525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DRIPPS, LARRY K 4412 SE COMMERCE AVE. STUART, FL 34997	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate)  
Signature, typed or printed name of registered agent and title if applicable. U000000768493  
07/12/07-80013-018 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIPPS, LARRY K 4412 SE COMMERCE AVE. STUART, FL 34997
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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:**  **7/9/07 (772) 223 0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #