## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000136499

Entity Name: SVG COLLISION CENTER INC.

FILED Jan 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6621 FFUNSTON ST HOLLYWOOD, FL 33023 5621 FUNSTON ST HOLLYWOOD, FL 33023

Current Mailing Address: New Mailing Address:

6621 FFUNSTON ST HOLLYWOOD, FL 33023 5621 FUNSTON ST HOLLYWOOD, FL 33023

FEI Number: 84-1658143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KING, TREVOR

6621 FFUNSTON ST

HOLLYWOOD, FL 33023 US

KING, TREVOR

5621 FUNSTON ST

HOLLYWOOD, FL 33023 US

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: TREVOR KING 01/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

City-St-Zip:

Title: D (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 MOORE, MARK
 Name:
 MOORE, MARK

 6621 FFUNSTON ST
 Address:
 5621 FUNSTON ST

 HOLLYWOOD, FL 33023
 City-St-Zip:
 HOLLYWOOD, FL 33023

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 KING, TREVOR
 Name:
 KING, TREVOR

 Name:
 KING, TREVOR
 Name:
 KING, TREVOR

 Address:
 6621 FFUNSTON ST
 Address:
 5621 FUNSTON ST

 City-St-Zip:
 HOLLYWOOD, FL 33023
 City-St-Zip:
 HOLLYWOOD, FL 33023

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MOORE, CHRISTINE

 Address:
 Address:
 5621 FUNSTON ST

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TREVOR KING PRE 01/26/2005