

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000145007

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

**Entity Name:** CITY COLLISION OF GAINESVILLE INC.

**Current Principal Place of Business:**

1601 NW 55TH PLACE  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 NW 55TH PLACE  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

**FEI Number:** 20-1803605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIPTON, DEREK L  
8265 NW 76TH LANE  
OCALA, FL 34482 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:** VP  
**Name:** TIPTON, ANTOINETTE  
**Address:** 8265 NW 76TH LANE  
**City-St-Zip:** OCALA, FL 34482 US

**Title:** P  
**Name:** TIPTON, DEREK L  
**Address:** 8265 NW 76TH LANE  
**City-St-Zip:** OCALA, FL 34482 US

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:** ANTOINETTE TIPTON

VP

04/27/2012

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

\_\_\_\_\_  
Date