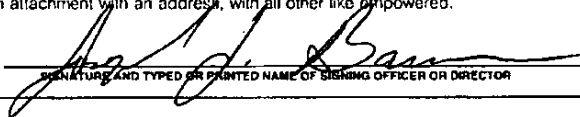


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/23/2006-90022-016-\$150.00-\$150.00

DOCUMENT # P05000010710 1. Entity Name EXPERIENCED COLLISION INC						FILED 06 APR 12 PM 2:16 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 10129 S HIGHWAY 441 #2 & 3 BELLEVUE FL 34420				Mailing Address 12499 E HWY 25 OCCLAWAHA FL 32179			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 10869 SE 74th Ct Suite, Apt. #, etc.			
City & State Bellevue, FL				4. FEI Number 20-2177454		Applied For ☐ Not Applicable	
Zip 34420		Country Marion		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARNES, JOSEPH J SR 12499 E HWY 25 OCCLAWAHA FL 32179				7. Name and Address of New Registered Agent Name Barnes Joseph J. SR. Street Address (P.O. Box Number is Not Acceptable) 10869 SE 74th Ct. City Bellevue FL Zip Code 34420			
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 containing) Signature, typed or printed name of registered agent and title if applicable							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P/S BARNES, JOSEPH J SR 12499 E HWY 25 OCCLAWAHA FL 32179 ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP JRS/13 ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				3-14-06 352-347-1309 Date Daytime Phone #			