2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED
06 APR 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000010710

1. Entity Name

EXPERIENCED COLLISION INC

Principal Place of Business	Mailing Address
10129 S HIGHWAY 441 #2 & 3 BELLEVIEW FL 34420	~~12499 E HWY 25~~ ~~OCKLAWAHA FL 32179~~

2. Principal Place of Business	3. Mailing Address
	10869 SE 74th ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Belleview, Fl.
Zip / Country	Zip: 34420 / Country: Marion

1st MOORE CR2E034 (10/05)

4. FEI Number: 20-2177454 ☐ Applied For ☐ Not Applicable

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~~
~~OCKLAWAHA 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: Belleview 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	P/S ☐ Delete	TITLE	JR 4/12 ☐ Change ☐ Addition
NAME	BARNES, JOSEPH J SR	NAME	
STREET ADDRESS	12499 E HWY 25	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 3-14-06 352-347-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #