

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065718

FILED
Jan 20, 2009
Secretary of State

Entity Name: JAIME'S COLLISION CENTER, INCORPORATED

Current Principal Place of Business:

900 ROBERTS ROAD
BUILDING 32-34
LAKE HAMILTON, FL 33851 US

New Principal Place of Business:

2600 ACCESS ROAD NW
DAVENPORT, FL 33897 US

Current Mailing Address:

5441 BAKER DAIRY ROAD
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 20-2949252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENITEZ, IRMA
5380 BAKER DAIRY ROAD
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: LOPEZ, JAIME
Address: 5441 BAKER DAIRY ROAD
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP/S () Delete
Name: BENITEZ, IRMA
Address: 5380 BAKER DAIRY ROAD
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IRMA BENITEZ

VP/S

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date