

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065718

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** JAIME'S COLLISION CENTER, INCORPORATED

**Current Principal Place of Business:**

2600 ACCESS ROAD NW  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

**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  
**Name:** LOPEZ, JAIME  
**Address:** 5441 BAKER DAIRY ROAD  
**City-St-Zip:** HAINES CITY, FL 33844 US

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

VP/S

01/18/2010

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

\_\_\_\_\_  
Date