

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028866

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** DENTMATE COLLISION AND ACCESSORIES, INC.

**Current Principal Place of Business:**

1209 OLD HOPEWELL ROAD  
UNIT D  
TAMPA, FL 33619 US

**New Principal Place of Business:**

2805 OVERPASS RD  
UNIT D  
TAMPA, FL 33619 US

**Current Mailing Address:**

501 E. JERSEY AVENUE  
BRANDON, FL 33510

**New Mailing Address:**

2805 OVERPASS RD  
BRANDON, FL 33619

**FEI Number:** 20-4391768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAVER-GAYE, SHEA  
1209 OLD HOPEWELL ROAD  
UNIT D  
TAMPA, FL 33619 US

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

VAN HORN, MICHAEL  
2805 OVERPASS RD  
TAMPA, FL 33619 US

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: MICHAEL VAN HORN

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: VAN HORN, MICHAEL  
Address: 2805 OVERPASS RD  
City-St-Zip: TAMPA, FL 33619 US

Title: D  
Name: VAN HORN, MICHAEL  
Address: 2805 OVERPASS RD  
City-St-Zip: TAMPA, FL 33619 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: MICHAEL VAN HORN

PVST

03/31/2010

Electronic Signature of Signing Officer or Director

Date