

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030595

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CONTEMPORARY COLLISION CENTER, INC.

**Current Principal Place of Business:**

2121 WEST OAK RIDGE ROAD  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

2121 WEST OAK RIDGE ROAD  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 20-4567594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BURBRIDGE, BRIAN H  
2121 WEST OAK RIDGE ROAD  
ORLANDO, FL 32809 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: BURBRIDGE, BRIAN H  
Address: POST OFFICE BOX 2006  
City-St-Zip: HOBE SOUND, FL 33475 US

Title: VP, T  
Name: PATEL, JAYANT P  
Address: 2121 WEST OAK RIDGE ROAD  
City-St-Zip: ORLANDO, FL 32809 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: BRIAN BURBRIDGE

PD

04/29/2010

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

\_\_\_\_\_ Date