

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030595

**FILED**  
**Apr 30, 2012**  
**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:**

PO BOX 592217  
ORLANDO, FL 32859 US

**FEI Number:** 20-4567594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**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 H BURBRIDGE

PD

04/30/2012

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

\_\_\_\_\_  
Date