

2007 FOR PROFIT CORPORATION ANNUAL REPORT


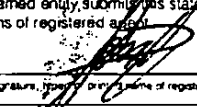
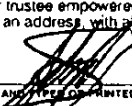
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P06000036468			
1. Entity Name JG COLLISION SPECIALIST, INC.			
Principal Place of Business 815 SPRINGS CIRCLE #108 DEERFIELD BEACH, FL 33441		Mailing Address 815 SPRINGS CIRCLE #108 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # 6020 NASHUA AVE		3. Mailing Address 6020 NASHUA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State ORLANDO FL	
Zip 32809	Country	Zip 32809	Country
4. FEI Number 20-4502560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, JOHN 815 SPRINGS CIRCLE #108 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (Box Number is Not Acceptable) 6020 NASHUA AVE City Orlando FL Zip Code 32809	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE 06.06.07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JOHN 815 SPRINGS CIRCLE #108 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6020 Nashua Ave Orlando FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		06.06.07 (SGI) 3052782	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Document corrected per Candy Kaplan, acct. PES

ATTACHMENT

JG COLLISION SPECIALIST, INC.
6020 NASHUA AVENUE
ORLANDO, FLORIDA 32809

292

May 21, 2007

40120776
#PO6600036468

Division of Corporations
Annual Reports Section
PO Box 6198
Tallahassee Florida 32314

Gentlemen:

RE: JG Collision Specialist, Inc.

Enclosed please find our 2007 Corporation Annual Report. As you can see, the corporate address has changed.

We never received the postcard advising us that the 2007 report was due. Since this was the first year of the required filing, please accept this report and our check of \$150.00 as a timely filed report.

Thank you.

JG Collision Specialist, Inc.



John Gomez
President