

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040182

FILED
Apr 01, 2009
Secretary of State

Entity Name: CITY COLLISION OF OCALA, INC.

Current Principal Place of Business:

765 NW 30TH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

765 NW 30TH AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: 20-4531230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIPTON, DEREK L
8265 NW 76TH LANE
OCALA, FL 34482 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 () Delete
Name: TIPTON, DEREK L
Address: 8265 NW 76TH LANE
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: TIPTON, ANTOINETTE
Address: 8265 NW 76TH LANE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTOINETTE TIPTON

VP

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date