

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90020 013 \*\*\*150.00

DOCUMENT # P07000063396

1. Entity Name  
D&C COLLISION AND SERVICE, INC.



Principal Place of Business  
12602 128TH AVENUE NORTH  
LARGO, FL 33774

Mailing Address  
12602 128TH AVENUE NORTH  
LARGO, FL 33774

2. Principal Place of Business - No P.O. Box #  
**11050 70th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**11050 70th Ave**  
Suite, Apt. #, etc.

City & State  
**Seminole FL**  
Zip  
**33772-6354** Country

City & State  
**Seminole FL**  
Zip  
**33772-6354** Country

03252008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-0270712**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

D'AMBROSIO, FRANK  
12602 128TH AVENUE NORTH  
LARGO, FL 33774

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMBROSIO, FRANK	
STREET ADDRESS	12602 128TH AVENUE NORTH	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, CHRISTOPHER	
STREET ADDRESS	12602 128TH AVENUE NORTH	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, DOMENICA	
STREET ADDRESS	12602 128TH AVENUE NORTH	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/08** **391-1398**  
Date Daytime Phone #