

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071049

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** TRUE PERFORMANCE AUTOMOTIVE & COLLISION REPAIR INC

**Current Principal Place of Business:**

545 SW 31ST AVE.  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

5106 W. KRISTINA LOOP  
LECANTO, FL 34461 US

**New Mailing Address:**

3101 SE 73RD STREET  
LOT 812  
OCALA, FL 34480 US

**FEI Number:** 26-0376202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLE, MICHAEL J  
5106 W. KRISTINA LOOP  
LECANTO, FL 34461 US

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

CARLOWW, DALE  
3101 SE 73RD STREET  
LOT 812  
OCALA, FL 34480 US

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: DALE CARLOWW

01/04/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAULK, JON  
Address: 10274 N BISCAYNE DR  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VP  
Name: CARLOWW, DALE  
Address: 3101 SE 73RD STREET  
City-St-Zip: OCALA, FL 34480 US

Title: T  
Name: FAULK, AMY  
Address: 10274 N BISCAYNE DR  
City-St-Zip: CITRUS SPRINGS, FL 34434 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: DALE CARLOWW

VP

01/04/2010

Electronic Signature of Signing Officer or Director

Date