

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000071049

**FILED**  
**Apr 26, 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:**

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

**New Mailing Address:**

545 SW 31ST AVE  
OCALA, FL 34471

**FEI Number:** 26-0376202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLOWW, DALE  
3101 SE 73RD STREET  
LOT 812  
OCALA, FL 34480 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  
Name: CARLOWW, DALE  
Address: 3101 SE 73RD STREET  
City-St-Zip: OCALA, FL 34480 US

Title: VP  
Name: MCGIBONEY, ROSS  
Address: 3441 S. PINE AVENUE # 125  
City-St-Zip: OCALA, FL 34471 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

P

04/26/2010

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

\_\_\_\_\_  
Date