

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058055

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** A-1 AUTO CARE & COLLISION INC

**Current Principal Place of Business:**

1921 NE 20TH STREET  
UNIT 103  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1921 NE 20TH STREET  
UNIT 103  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 27-0213381      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RAMDEO, LEKHRAM  
4012 SW 54TH TERRACE  
OCALA, FL 34474 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: D  
Name: RAMDEO, LEKHRAM  
Address: 4012 SW 54TH TERRACE  
City-St-Zip: Ocala, FL 34474

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: LEKHRAM RAMDEO

D

03/13/2012

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

\_\_\_\_\_ Date