

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049636

FILED
Feb 03, 2011
Secretary of State

Entity Name: CERTIFIED COLLISION REPAIR CENTER, INC.

Current Principal Place of Business:

5016 ASTRAL AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

1030 CASSAT AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

5016 ASTRAL AVE
JACKSONVILLE, FL 32205

New Mailing Address:

1030 CASSAT AVENUE
JACKSONVILLE, FL 32205

FEI Number: 59-2668006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TIMOTHY B SR.
5016 ASTRAL AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

BROWN, TIMOTHY B SR.
1030 CASSAT AVENUE
JACKSONVILLE, FL 32205 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:

02/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BROWN, TIMOTHY B SR.
Address: 6273 COUNTY ROAD 119
City-St-Zip: BRYCEVILLE, FL 32009

Title: VPS
Name: BROWN, DAISY
Address: 1729 WOODMERE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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: DAISY BROWN

VPS

02/03/2011

Electronic Signature of Signing Officer or Director

Date