

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000019619

1. Entity Name
MID COUNTY COLLISION, INC.



Principal Place of Business
8285 ULMERTON RD.
LARGO, FL 33771 US

Mailing Address
8285 ULMERTON RD.
LARGO, FL 33771 US

DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3231643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
GRANESE, ANTHONY P
1014 DREW ST.
CLEARWATER, FL 34615

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) 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**

UD00000916571
05/13/08-80006-008 150.00

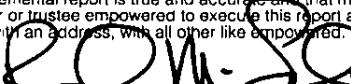
**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEANDRI, RICHARD M
STREET ADDRESS 8285 ULMERTON RD.
CITY-ST-ZIP LARGO, FL 34641

TITLE
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 empowerments.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Richard M. Leandri 4-25-08

Date

Daytime Phone #

727-570-1182