

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000053797

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA'S NU FINISH COLLISION CENTER, INC.

**Current Principal Place of Business:**

507 S FALKENBURG RD  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

507 S FALKENBURG RD.  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-3253780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMPINEN, LARRY  
507 S FALKENBURG RD.  
TAMPA, FL 33619 US

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

LAMPINEN, LARRY  
507 S FALKENBURG RD.  
TAMPA, FL 33619 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: LARRY LAMPINEN

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LAMPINEN, MICHAEL  
Address: 507 FALKENBURG RD.  
City-St-Zip: TAMPA, FL 33619

Title: P  
Name: LAMPINEN, LARRY  
Address: 507 FALKENBURG RD  
City-St-Zip: TAMPA, FL 33619

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: LARRY LAMPINEN

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date