2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000081223

1. Entity Name
T.L.S. COLLISION SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2531 FOWLER ST FT MYERS, FL 33901	2531 FOWLER ST FT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0532652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, JOSE M
4901 NORMANDY COURT
CAPE CORAL, FL 33914

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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 _____ DATE

FILE NUMBER: FEE IS $150.00
After May 1, 2004 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000001134842
04/28/04-80003-016 150.00

10.	OFFICERS AND DIRECTORS
TITLE	DPT
NAME	GRECO, JOSE M
STREET ADDRESS	4901 NORMANDY COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DVS
NAME	CARBAJAL, FRANCISCO A
STREET ADDRESS	2304 54 LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: _____ 4-26-04 239.3344500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #