

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.	
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Principal Place of Business 2531 FOMLER ST FT MYERS, FL 33901	Mailing Address 2531 FOMLER ST FT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR26034 (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

**DO NOT WRITE
IN THIS SPACE**

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 filing this report)

DATE

FILE MONTHLY FEE IS \$150.00
After May 1, 2004 Fee will be \$250.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

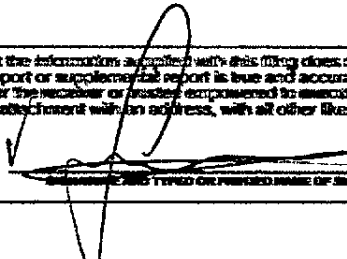
\$5.00 May be
Added to Fees

0868886134842
04/28/04-80003-016 150.00

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

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IN THIS SPACE**

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 190.09(3), 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 60F, 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

Day/Even Phone #