

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000013788 1. Entity Name HI-TECK COLLISION PAINT & BODY SHOP, INC.	
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Principal Place of Business 5360 NO. STATE ROAD SEVEN FT. LAUDERDALE, FL 33319	Mailing Address 5360 NO. STATE ROAD SEVEN FT. LAUDERDALE, FL 33319
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0576738	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALROND, TREVOR
4490 SW 107 WAY
DAVIE, FL 33328

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALROND, TREVOR 4490 SW 107 WAY DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALROND, ROSLYN 4490 SW 107TH WAY DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALROND, KAREN 4490 SW 107TH WAY DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALROND, KEVIN 4490 SW 107TH WAY DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 empowered.

SIGNATURE: *K Walrond* **4-30-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #