

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013788

1. Entity Name
HI-TECK COLLISION PAINT & BODY SHOP, INC.



Principal Place of Business
5360 NO. STATE ROAD SEVEN
FT. LAUDERDALE, FL 33319

Mailing Address
5360 NO. STATE ROAD SEVEN
FT. LAUDERDALE, FL 33319

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 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

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALROND, TREVOR
STREET ADDRESS 4490 SW 107 WAY
CITY-ST-ZIP DAVIE, FL

TITLE VPD
NAME WALROND, ROSLYN
STREET ADDRESS 4490 SW 107TH WAY
CITY-ST-ZIP DAVIE, FL

TITLE S
NAME WALROND, KAREN
STREET ADDRESS 4490 SW 107TH WAY
CITY-ST-ZIP DAVIE, FL

TITLE T
NAME WALROND, KEVIN
STREET ADDRESS 4490 SW 107TH WAY
CITY-ST-ZIP DAVIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954168
07/11/08-80002-008 150.00

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-08 9547353905