

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 024 ***150.00

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1. Entity Name
MEGA TECH AUTO COLLISION CENTER, INC.



Principal Place of Business
**14521 E. COLONIAL DR.
ORLANDO, FL 32826**

Mailing Address
**14521 E. COLONIAL DR.
ORLANDO, FL 32826**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3353805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMACHO, JOSE
864 PINE MEADOWS ROAD
ORLANDO, FL 32825**

**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
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMACHO, JOSE
STREET ADDRESS	864 PINE MEADOWS RD.
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	V
NAME	CAMACHO, ISABEL
STREET ADDRESS	864 PINE MEADOWS ROAD
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	STD
NAME	VICTORIA McCRAY
STREET ADDRESS	812 ISLANDER AVE.
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08
Date

(407)384-9995
Daytime Phone #