



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000084821</b>			
1. Entity Name AUTO-CRAFTERS COLLISON CENTER, INC.			
Principal Place of Business 9450 MARK COURT CRYSTAL RIVER, FL	Mailing Address 9450 MARK COURT CRYSTAL RIVER, FL		
<b>DO NOT WRITE IN THIS SPACE</b>			
		04062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3209160	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  HUNTINGTON, LEWIS C 9221 NORTH KATHLEEN TERRACE DUNNELLON, FL 34433		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		1100000513547 04/29/06-80133-012 150.00	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTINGTON, MARY A 9221 NORTH KATHLEEN TERRACE DUNNELLON, FL 34433		
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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: <u>Mary Ann Huntington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/06 352-795-3411 <small>Date Daytime Phone #</small>	
Mary Ann Huntington president			