

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000089559

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** DENT BUSTERS NORTH, INC.

**Current Principal Place of Business:**

1702 HUNTINGTON CT  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

309 CROSSWINDS DR  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

P.O. BOX 14524  
CLEARWATER, FL 33776 US

**New Mailing Address:**

**FEI Number:** 59-3409064      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOVELACE, WILLIAM K ESQ  
401 S LINCOLN  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLEN, ALAN L PRES  
Address: P.O. BOX 14524  
City-St-Zip: CLEARWATER, FL 33776 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN L. ALLEN

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date