# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P97000000768

1. Entity Name
CENTRAL FLORIDA COLLISION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 8783 COUNTY RD. C-25<br>BELLEVIEW, FL 34420 | P.O. BOX 821<br>SILVER SPRINGS, FL 34489-0821 |

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2275590

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNHAM, LINDA
12907 SE 30TH COURT
BELLEVIEW, FL 34420

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

U00000347955
05/02/05-80006-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | ATKINS, WILLIAM |
| STREET ADDRESS | 8783 COUNTY ROAD C-25 |
| CITY-ST-ZIP | BELLEVIEW, FL 34420 |
| TITLE | V |
| NAME | ATKINS, ROSEMARIE |
| STREET ADDRESS | 8783 C.R. C-25 |
| CITY-ST-ZIP | BELLEVIEW, FL 34420 |
| TITLE | S |
| NAME | CREAMEANS, GLENN |
| STREET ADDRESS | 8783 C.R. C-25 |
| CITY-ST-ZIP | BELLEVIEW, FL 34420 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 4-28-05 347-4411
SIGNATURE AND TYPED OR PRINTED NAME OF individual OFFICER OR DIRECTOR Date Daytime Phone #