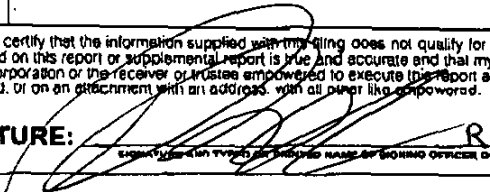


FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90086 006 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000000768					
1. Entity Name CENTRAL FLORIDA COLLISION, INC					
Principal Place of Business 8783 COUNTY RD. C-25 BELLEVUE, FL 34420			Mailing Address P.O. BOX 821 SILVER SPRINGS, FL 34489-0821		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 BELLEVUE, FL 34420				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 5507 SE 11TH STREET	
				City	
				FL Zip Code 33421	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ATKINS, WILLIAM		NAME		
STREET ADDRESS	8783 COUNTY ROAD C-25		STREET ADDRESS		
CITY - ST - ZIP	BELLEVUE, FL 34420		CITY - ST - ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ATKINS, ROSEMARIE		NAME		
STREET ADDRESS	8783 C.R. C-25		STREET ADDRESS		
CITY - ST - ZIP	BELLEVUE, FL 34420		CITY - ST - ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	CREAMEANS, GLENN		NAME		
STREET ADDRESS	8783 C.R. C-25		STREET ADDRESS		
CITY - ST - ZIP	BELLEVUE, FL 34420		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 paper like empowered.					
SIGNATURE:  ROSEMARIE ATKINS Date: 7-6-06 3:55-347-44x1					