07/06/2006 02:53 3523477353 MONEYCOUNTS

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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	Mailing Address
8783 COUNTY RD. C-25 BELLEVIEW, FL 34420	P.O. BOX 821 SILVER SPRINGS, FL 34489-0821

07062006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
DUNHAM, LINDA 12907 SE 30TH COURT BELLEVIEW, FL 34420	Name Street Address (P.O. Box Number is Not Acceptable) 5502 SE 11TH STREET City • FL Zip Code 34421

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
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 NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, WILLIAM 8783 COUNTY ROAD C-25 BELLEVIEW, FL 34420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ATKINS, ROSEMARIE 8783 C.R. C-25 BELLEVIEW, FL 34420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREAMEANS, GLENN 8783 C.R. C-25 BELLEVIEW, FL 34420	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition S RADVOJ, JOHN 13925 SW 16TH AVE OCALA, FL. 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ROSEMARIE ATKINS 7-16-06 (352) - 347 - 4441
Electronic Signature of Signing Officer or Director Date Daytime Phone #