

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000768

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA COLLISION, INC

**Current Principal Place of Business:**

8783 EAST HIGHWAY 25  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

8783 EAST HIGHWAY 25  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:** 58-2275590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOSITO, VALERIE J  
11547 SE US HIGHWAY 441  
BELLEVIEW, FL 34420 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:** ATKINS, WILLIAM  
**Address:** 8783 EAST HIGHWAY 25  
**City-St-Zip:** BELLEVIEW, FL 34420

**Title:** V  
**Name:** ATKINS, ROSEMARIE  
**Address:** 8783 EAST HIGHWAY 25  
**City-St-Zip:** BELLEVIEW, FL 34420

**Title:** V  
**Name:** CREMEANS, GLEN  
**Address:** 7200 SW 15TH PLACE  
**City-St-Zip:** OCALA, FL 34474

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:** WILLIAM M ATKINS

P

03/16/2011

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

\_\_\_\_\_  
Date