


**FILED**

**May 02, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P97000011590</b>	
1. Entity Name <b>DON L'S COLLISION, INC.</b>	

Principal Place of Business <b>6200 LEE ANN LN NAPLES, FL 34109 US</b>	Mailing Address <b>6200 LEE ANN LN NAPLES, FL 34109 US</b>
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**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-F CR28034 (10/03)

4. FEJ Number <b>59-3427710</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOY, DON  
6200 LEANNE LANE  
NAPLES, FL 34109**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits the 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: *Don Loy* DATE: *4/28/05*

Signature typed or printed next to registered agent and title (if applicable)      NOTE: Registered Agent's name required when first-time agent      DATE

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOY, DON 6200 LEEANN LANE NAPLES, FL 34109</b>
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05/03/05-80024-010 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, with all other I/We empowered.

SIGNATURE: *Don Loy* DATE: *4/28/05* *Don Loy* *Pres* *239 5478788*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Check/Use Preced 3