


FILED
May 01, 2006 08:00 A
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000011590		
1. Entity Name DON L'S COLLISION, INC.		

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



04282006 No Chg-F CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

LOY, DON
8200 LEANNE LANE
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable (NOTE: Registered Agent signature not used when recd. online)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D LOY, DON 8200 LEEANN LANE NAPLES, FL 34109
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05/13/06-80112-003 150.00

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 titles provided.

SIGNATURE: *Don Loy* 4/25/06 239 581 8786
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR