2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State
08-05-2004 90006 010 ***158.75

DOCUMENT # P97000074030

1. Entity Name
LAKE COUNTY COLLISION, INC.

Principal Place of Business	Mailing Address
112 W GRIFFIN VIEW DR LADY LAKE, FL 32159 US	112 W. GRIFFEN VIEW DR. LADY LAKE, FL 32159 US

07302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3473789
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVERS, ROSS E. JR.
~~37040 MILL STREAM CT~~
~~EUSTIS, FL 32736~~
112 W. GRIFFIN VIEW DR.
LADY LAKE, FL 32159

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

TITLE	P
NAME	EVERS, ROSS E JR
STREET ADDRESS	112 W GRIFFIN VIEW DR
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	V
NAME	EVERS, GEORGENE
STREET ADDRESS	112 W GRIFFIN VIEW DR
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Georgene D. Evers 7/30/04 (352) 753-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #