

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90028 043 ***158.85

DOCUMENT # P97000074030	
1. Entity Name LAKE COUNTY COLLISION, INC.	

Principal Place of Business 112 W GRIFFIN VIEW DR LADY LAKE, FL 32159 US	Mailing Address 112 W. GRIFFIN VIEW DR. LADY LAKE, FL 32159 US
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

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. 112 W GRIFFIN VIEW DR LADY LAKE, FL 32159

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVERS, ROSS E JR 112 W GRIFFIN VIEW DR LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EVERS, GEORGENE 112 W GRIFFIN VIEW DR LADY LAKE, FL 32159
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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: *Georgene Evers* **1/24/06** **352-753-4443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #