2007-FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 A Secretary of State

Fee Required

DOCUMENT # 1. Entity Name COLLISION TRENDS								
Principal Place of Business 1617 STATE AVE. HOLLY HILL, FL 32117 U	Mailing Address 1617 STATE AVE. HOLLY HILL, FL 32117	US						



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3537189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

PRESCOTT, THOMAS A 1617 STATE AVE. HOLLY HILL, FL 32117

SIGNATURE

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	applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESCOTT, THOMAS A 2665 AVA CIRCLE PORT ORANGE, FL 32128					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000719934 05/01/07-80080-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this fijing 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 acquired 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 effect the 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.						

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR