

**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000085694

1. Entity Name

A 1 FRAME & COLLISION, INC.



Principal Place of Business

515 HERBERT STREET, #E  
PORT ORANGE, FL 32129 US

Mailing Address

515 HERBERT STREET, #E  
PORT ORANGE, FL 32129 US



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3533203

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DUNLAP, MARY A  
515 HERBERT STREET, #E  
PORT ORANGE, FL 32129

**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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | DUNLAP, MARY A        |
| STREET ADDRESS | 6167 DEL RIO DRIVE    |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127 |
| TITLE          | V                     |
| NAME           | DUNLAP, JERRY         |
| STREET ADDRESS | 6167 DEL RIO DRIVE    |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

UD00000866672  
03/23/07-80080-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary A Dunlap 3/12/07 386-304-3688

Date

Daytime Phone #