2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000085694

1. Entity Name
A 1 FRAME & COLLISION, INC.

Principal Place of Business	Mailing Address
515 HERBERT STREET, #E PORT ORANGE, FL 32129 US	515 HERBERT STREET, #E PORT ORANGE, FL 32129 US

DO NOT WRITE IN THIS SPACE

04092008 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

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000893211
04/23/08-80098-011 150.00

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	
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 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: Mary A. Dunlap Mary A. Dunlap 4-9-08 3866043688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #