

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000097006

1. Entity Name

GOLD COAST COLLISION CENTER, INC.



Principal Place of Business

302 S DIXIE HWY EAST
POMPANO BEACH, FL 33060

Mailing Address

302 S DIXIE HWY EAST
POMPANO BEACH, FL 33060



03062008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIGIOVANNI, JOHN R
302 S DIXIE HWY EAST
POMPANO BEACH, FL 33060

**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 line if applicable.

John R. Digiovanni
president

(NOTE: Registered Agent signature required when translating)

DATE

4-25-08

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIGIOVANNI, JOHN
STREET ADDRESS 302 S DIXIE HWY EAST
CITY-ST-ZIP POMPANO BEACH, FL 33060

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05/21/08-80059-001 150.00

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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

John Digiovanni
John Digiovanni

Date

Daytime Phone #

954 782 1255

6212 4-25-08