

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000097748

1. Entity Name
FLORISUN COLLISION CENTER, INC.



Principal Place of Business

**2140 ANDREA LANE
FT. MYERS, FL 33912**

Mailing Address

**2140 ANDREA LANE
FT. MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0877419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIMPIGNANO, ALBERT
2140 ANDREA LANE
FT. MYERS, FL 33912**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000123282
04/21/04-80064-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIMPIGNANO, ALBERT
STREET ADDRESS 8720 BELLE MEADE DR.
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE DST
NAME VALENTE, BIAGIO
STREET ADDRESS 15750 OLD WEDGEWOOD CT.
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Albert Pimpignano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT PIMPIGNANO

4-19-04 239-481-5444

Date

Daytime Phone #