

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90002 006 \*\*\*150.00

**DOCUMENT # P99000075801**

1. Entity Name  
**WESTCOAST COLLISION CENTER, INC.**



Principal Place of Business  
**18380 PAULSON DRIVE  
PORT CHARLOTTE, FL 33954**

Mailing Address  
**2394 SANTEE ST.  
PORT CHARLOTTE, FL 33948**

**66048370**



06232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0943994**

Applied For  
Not Applicable

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

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

**KERN, PAMELA  
2394 SANTEE STREET  
PORT CHARLOTTE, FL 33948**

**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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KERN, PAMELA A
STREET ADDRESS	2394 SANTEE STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	D
NAME	KERN, JEFFREY W
STREET ADDRESS	2394 SANTEE STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/23/05** **(641) 743-5289**  
Date Daytime Phone #

ATTACHMENT

66024170  
#799000075801

WESTCOAST COLLISION CENTER, INC.  
18380 Paulson Drive  
Port Charlotte, Florida 33954

June 23, 2005

Florida Department of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

I received your letter dated June 14, 2005 along with my 2005 Annual Report which was returned to me for changes. Please be advised that there are no changes to be made. Pamela Kern mistakenly signed the form in box 8 and box 12. I have reprinted the report and signed it in the correct box and am resubmitting it to you. I included a check in the amount of \$150 with the report when I filed it June 9, 2005. I never received by mail, an original Annual Report or notice. Please accept my \$150 payment since it was sent well ahead of the September 7, 2005 deadline.

Thank you in advance for your consideration in this matter.

Very truly yours,



Jeffrey W. Kern  
enclosure