

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000076579



1. Entity Name  
SOUTHSIDE COLLISION AND REFINISHING, INC.

Principal Place of Business  
121 CAMELLIA PLACE  
CRESTVIEW, FL 32539

Mailing Address  
121 CAMELLIA PLACE  
CRESTVIEW, FL 32539

2. Principal Place of Business - No P.O. Box #  
**b055 Donald Guy Rd.**

Suite, Apt. #, etc.

3. Mailing Address  
**b055 Donald Guy Rd.**

Suite, Apt. #, etc.

City & State  
**Crestview, FL.**

City & State  
**Crestview, FL.**

Zip  
**32539**

Country  
**U.S.**

Zip  
**32539**

Country  
**U.S.**

4. FEI Number  
**59-3596566**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINS, JAMES K  
121 CAMELLIA PLACE  
CRESTVIEW, FL 32539

Name  
**Wilkins, James K.**

Street Address (P.O. Box Number is Not Acceptable)

**b055 Donald Guy Rd.**

City  
**Crestview, FL** Zip Code  
**32539**

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 James K. Wilkins  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Signature of Agent signature required when reinstating)

4/24/07  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, JAMES K 121 CAMELLIA PLACE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James K. Wilkins b055 Donald Guy Rd. Crestview, FL 32539</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James K. Wilkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 850-689-2805  
Date Daytime Phone #

**FILED  
May 01, 2007 8:00 am  
Secretary of State**

05-01-2007 90035 041 \*\*\*158.75