


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P99000076579</b> 1. Entity Name SOUTHSIDE COLLISION AND REFINISHING, INC.	
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Principal Place of Business 121 CAMELLIA PLACE CRESTVIEW, FL 32539	Mailing Address 121 CAMELLIA PLACE CRESTVIEW, FL 32539
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2. Principal Place of Business - No P.O. Box # 6055 Donald Guy Rd. Suite, Apt. #, etc.	3. Mailing Address 6055 Donald Guy Rd. Suite, Apt. #, etc.
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City & State Crestview, FL.	City & State Crestview, FL.
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Zip 32539	Country U.S.	Zip 32539	Country U.S.
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04102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WILKINS, JAMES K 121 CAMELLIA PLACE CRESTVIEW, FL 32539	7. Name and Address of New Registered Agent Name Wilkins, James K. Street Address (P.O. Box Number is Not Acceptable) 6055 Donald Guy Rd. City Crestview, FL Zip Code 32539
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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] 4/24/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Signature of Agent required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	James K. Wilkins 6055 Donald Guy Rd. Crestview, FL 32539 <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] 4/24/07 850-689-2805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #