

FILED

Aug 28, 2007 8:00 am  
Secretary of State


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Aug 07 07 11:40p

R Lopez

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2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P99000098753 1. Entity Name TOP GUN COLLISION, INC.	
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Principal Place of Business 4059 NE 8TH AVE OAKLAND PARK, FL 33334	Mailing Address 4059 NE 8TH AVE OAKLAND PARK, FL 33334
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66021531



07132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961739	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ADALBERTO  
10871 N.W. 4TH DRIVE  
CORAL SPRINGS, FL 33071

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 of Registered Agent)

FILE NOW! FEE IS \$550.00  
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE E 13770 O'NEIDA DR. #A2 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied on 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 my address, with all other like empowered.

SIGNATURE: [Signature] 8-22-07  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66021531

TOP GUN COLLISION, INC.  
1855 W. 87TH AVE. SUITE 100  
DENVER, CO 80231

PAID BY: State Department of Transportation

DATE: 3/15/2007

AMOUNT: \$ 157.00

DOLLARS & CENTS

TOP GUN COLLISION, INC.  
1855 W. 87TH AVE. SUITE 100  
DENVER, CO 80231

STATE DEPARTMENT OF TRANSPORTATION

STATE OF COLORADO

STATE OF COLORADO