


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000102875 1. Entity Name DELAND COLLISION CENTER, INC.	
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Principal Place of Business 115 EAST PARKDALE AVE. DELAND, FL 32724	Mailing Address 115 EAST PARKDALE AVE. DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3611070	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

WILSON, LAURA
130 SHADOWOOD DRIVE
DELTONA, FL 32725

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, LAURA 130 SHADOWOOD DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEATH, EBER P III 130 SHADOWOOD DRIVE DELTONA, FL 32725
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04/07/08-80018-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Laura Wilson Laura Wilson 3-17-08 386-740-7078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #