

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000102875

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** DELAND COLLISION CENTER, INC.

**Current Principal Place of Business:**

115 EAST PARKDALE AVE.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

115 EAST PARKDALE AVE.  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-3611070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, LAURA  
130 SHADOWOOD DRIVE  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILSON, LAURA  
Address: 130 SHADOWOOD DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: ST  
Name: HEATH, EBER P III  
Address: 130 SHADOWOOD DRIVE  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA WILSON

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date