2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# S58107

Entity Name: LILES COLLISION SERVICE, INC.

Current Principal Place of Business:

4380 NE 36TH AVE.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

4380 NE 36TH AVE
OCALA, FL 34479

New Mailing Address:

4380 NE 36TH AVE.
OCALA, FL 34479

FEI Number: 59-3067585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILES, EUGENE T
4380 NE 36TH AVE
OCALA, FL 34479 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: D
Name: LILES, EUGENE T
Address: 4380 NE 36TH AVE
City-St-Zip: OCALA, FL 34479

Title: D
Name: LILES, REBECCA A
Address: 4380 NE 36TH AVE
City-St-Zip: OCALA, FL

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: EUGENE T LILES PRES 01/20/2012

Electronic Signature of Signing Officer or Director — Date