


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S83189</b> 1. Entity Name <b>DATILLO'S COLLISION CENTER, INC.</b>	
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Principal Place of Business 5944 CARRIER ST ST PETERSBURG, FL 33714-1031	Mailing Address 5944 CARRIER ST ST PETERSBURG, FL 33714-1031
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2. Principal Place of Business	3. Mailing Address	03032004 Chg-P CR2E034 (10/03)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number <b>59-3084823</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DANIEL, DAVID L</b> <b>2479 HICKMAN CIR</b> <b>CLEARWATER, FL 33761</b>	7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P DANIELS, DAVID L	
NAME	5944 CARRIER STREET N.	
STREET ADDRESS	SAINT PETERSBURG, FL 33714	
CITY- ST- ZIP		
TITLE	S DANIEL, TONI S	
NAME	2479 HICKMAN CIR	
STREET ADDRESS	CLEARWATER, FL 33761	
CITY- ST- ZIP		
TITLE	T JACKSON, ERNEST T	
NAME	11765 111TH AVE	
STREET ADDRESS	LARGO, FL 33778	
CITY- ST- ZIP		
TITLE	D LESH, RONALD	
NAME	200 84TH AVENUE N.	
STREET ADDRESS	SAINT PETERSBURG, FL 33702	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000154755		
NAME	05/05/04-80009-023 150.00		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David Daniels* 4/30/04 707-500-5772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR