

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000038471

**Entity Name:** PROFESSIONAL COLLISION CENTER OF PENSACOLA, INC.

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC4900950540**

**Current Principal Place of Business:**

4201 N PALAFOX ST.  
PENSACOLA, FL 32505

**Current Mailing Address:**

4201 N PALAFOX ST.  
PENSACOLA, FL 32505

**FEI Number: 59-3713170**

**Certificate of Status Desired: No**

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

FORBUSH, CHRISTOPHER B  
1660 REBECCA ST  
PENSACOLA, FL 32534 US

*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

**Officer/Director Detail :**

Title P  
Name FORBUSH, CHRISTOPHER B  
Address 1660 REBECCA ST  
City-State-Zip: PENSACOLA FL 32534

Title V  
Name FORBUSH, PAUL JSR  
Address 7700 BEACHWOOD DR  
City-State-Zip: PENSACOLA FL 32514

Title ST  
Name FORBUSH, CONSTANCE  
Address 7700 BEECHWOOD DRIVE  
City-State-Zip: PENSACOLA FL 32514

*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: CHRISTOPHER B FORBUSH**

**P**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date