

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000030595

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

**Current Principal Place of Business:**

2121 WEST OAK RIDGE ROAD  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 592217  
ORLANDO, FL 32859 US

**FEI Number: 20-4567594**

**Certificate of Status Desired: No**

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

BURBRIDGE, BRIAN H  
2121 WEST OAK RIDGE ROAD  
ORLANDO, FL 32809 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, T  
Name BURBRIDGE, BRIAN H  
Address POST OFFICE BOX 2006  
City-State-Zip: HOBE SOUND FL 33475

Title VP,T  
Name PATEL, JAYANT P  
Address 2121 WEST OAK RIDGE ROAD  
City-State-Zip: ORLANDO FL 32809

*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: BRIAN BURBRIDGE**

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date