

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041905

FILED
Feb 10, 2004
Secretary of State

Entity Name: A-1 AUTOMOTIVE AND COLLISION CENTER, INC.

Current Principal Place of Business:

151 W. LEMON AVE.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

151 W. LEMON AVE.
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-3710350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISCO, JAMES E
151 W. LEMON AVE.
EUSTIS, FL 32726

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SISCO, JAMES E
Address: 33151 KAYLEE WAY
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: OGDEN, DAMON S
Address: 31815 TROPICAL SHORES BLVD.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OGDEN, DAMON S
Address: 151 W. LEMON AVE
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES SISCO

PRES

02/10/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date