


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000085694

1. Entity Name
A 1 FRAME & COLLISION, INC.



Principal Place of Business Mailing Address

515 HERBERT STREET, #E **515 HERBERT STREET, #E**
PORT ORANGE, FL 32129 US **PORT ORANGE, FL 32129 US**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3533203 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DUNLAP, MARY A
515 HERBERT STREET, #E
PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000893211
 04/23/08-80098-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE P | DUNLAP, MARY A 6167 DEL RIO DRIVE PORT ORANGE, FL 32127 |
| TITLE V | DUNLAP, JERRY 6167 DEL RIO DRIVE PORT ORANGE, FL 32127 |
| TITLE NAME | |
| TITLE NAME | |
| TITLE NAME | |
| TITLE NAME | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary A Dunlap Mary A Dunlap 4-9-08 386 304 3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR