2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # M25727

1. Entity Name
BUD & MACK'S AUTO REPAIR AND SALES, INC.

Principal Place of Business	Mailing Address
5832 WASHINGTON STREET HOLLYWOOD, FL 33023	5832 WASHINGTON STREET HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

05072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2627753

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JULIAN R.
5832 WASHINGTON STREET
HOLLYWOOD, FL 33023

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000095395
08/04/08-80032-010 150.00

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JULIAN
STREET ADDRESS	5832 WASHINGTON ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	JOHNSON, DONNA H
STREET ADDRESS	5832 WASHINGTON STREET
CITY-ST-ZIP	DAVIE, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Diane Johnson 4/30/08 954-989-6485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #