

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000082645

**Entity Name:** RAY'S AUTO CLINIC, INC.

**Current Principal Place of Business:**

41524 11TH AVENUE EAST  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

41524 11TH AVENUE EAST  
MYAKKA CITY, FL 34251 US

**FEI Number:** 92-0935380

**Certificate of Status Desired:** No

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

JASON M. DEPAOLA, ESQUIRE  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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 DPT  
Name MACKINLAY, RAYMOND  
Address 41524 11TH AVENUE EAST  
City-State-Zip: MYAKKA CITY FL 34251

Title DVPS  
Name MACKINLAY, LAUREN  
Address 41524 11TH AVENUE EAST  
City-State-Zip: MYAKKA CITY FL 34251

*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:** RAYMOND MACKINLAY

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date