## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 291554**

Entity Name: JAC MAC AUTO PARTS, INC.

FILED May 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
890 NE DI JENSEN E	XIE HWY BEACH, FL 349	957			
Current Mailing Address:			New Mailing Address:		
890 NE DI JENSEN E	XIE HWY BEACH, FL 349	957			
FEI Number	: 59-1106783	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1548 NE 2	ON, ROBERT J 11ST TERRACE BEACH, FL 349	<u> </u>			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MCLENDON, DI 746 N.E. RIVER JENSEN BEACH	TERR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () NOVARRO, LIS 746 N.E. RIVER JENSEN BEACI	TERR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () PATTON, THER 1548 NE 21ST JENSEN BEACH	TERR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MD () MCLENDON, R 1548 NE 21ST JENSEN BEACH	TERR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT J MCLENDON MD 05/29/2007