2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# 291554

Entity Name: JAC MAC AUTO PARTS, INC.

Current Principal Place of Business:

890 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

890 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-1106783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLENDON, ROBERT J.
341 NE JULIA CT
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

MCLENDON, ROBERT J.
4890 SE QUAIL TRAIL
STUART, FL 34997 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: _____ 05/02/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCLENDON, DENISE
Address: 746 N.E. RIVER TERR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD ( ) Delete
Name: NOVARRO, LISA
Address: 746 N.E. RIVER TERR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete
Name: SWARTZ, CHRISTEN H
Address: 4890 SE QUAIL TRAIL
City-St-Zip: STUART, FL 34997

Title: MD ( ) Delete
Name: MCLENDON, ROBERT J.
Address: 341 NE JULIA CT
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MD (X) Change ( ) Addition
Name: MCLENDON, ROBERT J.
Address: 4890 SE QUAIL TRAIL
City-St-Zip: STUART, FL 34997

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 05/02/2009
Electronic Signature of Signing Officer or Director — Date