


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 463156		
1. Entity Name JIM CLAMPETT'S AUTO SERVICE'S INC.		
Principal Place of Business 3282 US HWY 90 W. LAKE CITY, FL 32055 US	Mailing Address 3282 US HWY 90 W. LAKE CITY, FL 32055 US	

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1553723	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

**CLAMPETT, JAMES L
3282 W. U.S. HWY. 90
LAKE CITY, FL 32055**

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

**U000000782827
01/15/08-80090-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAMPETT, JAMES L 3282 W. US HWY 90 LAKE CITY, FL 32055.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CLAMPETT, DONNA K 15624 - 45TH DR. WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAMPETT, JAMES C 3282 W US HWY 90 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: James L. Clampett **JAMES L. CLAMPETT** 01-11-08 386-752-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #