## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 463156** 

Entity Name: JIM CLAMPETT'S AUTO SERVICE'S INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3282 US HWY 90 W. 3282 US HWY 90 WEST LAKE CITY, FL 32055 US LAKE CITY, FL 32055 US

Current Mailing Address: New Mailing Address:

3282 US HWY 90 W. 3282 US HWY 90 WEST LAKE CITY, FL 32055 US LAKE CITY, FL 32055 US

FEI Number: 59-1553723 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:

 CLAMPETT, JAMES L
 CLAMPETT, JAMES L

 3282 W. U.S. HWY. 90
 3282 US HWY 90 WEST

 LAKE CITY, FL 32055
 US

 LAKE CITY, FL 32055
 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: 02/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: CLAMPETT, JAMES L Name: CLAMPETT, JAMES L

 Name:
 CLAMPETT, JAMES L
 Name:
 CLAMPETT, JAMES L

 Address:
 3282 W. US HWY 90
 Address:
 3282 US HWY 90 WEST

 City-St-Zip:
 LAKE CITY, FL 32055 US
 City-St-Zip:
 LAKE CITY, FL 32055 US

Title: PS ( ) Delete Title: ( ) Change ( ) Addition Name: CLAMPETT, DONNA K Name:

 Name:
 CEARMFETT, DONNA K
 Name:

 Address:
 15624 - 45TH DR.
 Address:

 City-St-Zip:
 WELLBORN, FL 32094
 City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 CLAMPETT, JAMES C
 Name:
 CLAMPETT, JAMES C

 Address:
 3282 W US HWY 90
 Address:
 3282 US HWY 90 WEST

 City-St-Zip:
 LAKE CITY, FL 32055 US
 City-St-Zip:
 LAKE CITY, FL 32055 US

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: JAMES L CLAMPETT T 02/12/2009