2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87881

FILED Jan 09, 2009 Secretary of State

Entity Name: CROSSROADS AUTO REPAIR, INC. **Current Principal Place of Business: New Principal Place of Business:** % MITCHELL HOLDEN 1090 E. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 **New Mailing Address: Current Mailing Address:** % MITCHELL HOLDEN 1090 E. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 FEI Number: 59-2627320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLDEN, MITCHELL 440 FOXSQUIRREL RD DELTONA, FL 32738 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HOLDEN, MITCHELL, Name: Name: 440 FOXSQUIRREL RD Address: Address: City-St-Zip: DELTONA, FL 32725 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: TINDEL. STEVE M VP Name: 180 GARFIELD ROAD Address: Address: ENTERPRISE, FL 32725 US City-St-Zip: City-St-Zip:

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: MITCHELL HOLDEN PD 01/09/2009