

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89204

Entity Name: E & E AUTOMOTIVE CLINIC, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

3585 HWY 441N.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

PO BOX 1101
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 59-2620297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETWEILER, STEVEN A
3585 HWY 441 N.
OKEECHOBEE, FL 33472 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DETWEILER, STEVEN A
Address: 3585 HWY 441 N.
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: DETWEILER, JULIA
Address: 3585 HWY 441 N.
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: STEVE

MGM

01/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date