

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89204

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** E & E AUTOMOTIVE CLINIC, INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVEN A DETWEILER

PRES

03/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date