2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# J81678

Entity Name: A & M REPAIRS, INC.

Current Principal Place of Business:

% DANIEL S. WALLACE
411 OLD COUNTY RD.
EDGEWATER, FL 321321813

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 880
411 OLD COUNTY ROAD
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: 59-2846245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, DANIEL S.
411 OLD COUNTY RD.
EDGEWATER, FL 32032 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: DP ( ) Delete
Name: ALDRIDGE, CHARLES E.,
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

Title: DST ( ) Delete
Name: ALDRIDGE, MARGARET M, .
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

Title: V ( ) Delete
Name: TORNELLI, VINCENT C.,
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ALDRIDGE, CHARLES E.,
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

Title: SEC (X) Change ( ) Addition
Name: ALDRIDGE, MARGARET M, .
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

Title: VP (X) Change ( ) Addition
Name: TORNELLI, VINCENT C.,
Address: 411 OLD COUNTY RD.
City-St-Zip: EDGEWATER, FL

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: CHARLES E ALDRIDGE PRES 04/11/2008

Electronic Signature of Signing Officer or Director Date