

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81678

Entity Name: A & M REPAIRS, INC.

FILED
Jan 12, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

% DANIEL S. WALLACE
3220 W. STATE RD. 442
EDGEWATER, FL 321321813

Current Mailing Address:

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

New Mailing Address:

POST OFFICE BOX 880
3220 W. STATE RD. 442
EDGEWATER, FL 32132 US

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:

WALLACE, DANIEL S.
3220 W. STATE RD. 442
EDGEWATER, FL 32032 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:

01/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ALDRIDGE, CHARLES E.
Address: 3220 W. STATE RD. 442
City-St-Zip: EDGEWATER, FL

Title: SEC
Name: ALDRIDGE, MARGARET M.
Address: 3220 W. STATE RD. 442
City-St-Zip: EDGEWATER, FL

Title: VP
Name: TORNELLI, VINCENT C.
Address: 3220 W. STATE RD. 442
City-St-Zip: EDGEWATER, FL

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: CHARLES E. ALDRIDGE

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date