

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29561

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** MAHONEY'S AUTO REPAIR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

% WILLIAM F. MAHONEY  
1120 N ORLANDO AVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM F. MAHONEY  
246 MAGNOLIA RD  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-2978640      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHONEY, WILLIAM F.  
1120 N ORLANDO AVE  
MAITLAND, FL 32751      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: D  
Name: MAHONEY, WILLIAM F.  
Address: 246 MAGNOLIA ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: MAHONEY, DORIS D.  
Address: 246 MAGNOLIA ROAD  
City-St-Zip: MAITLAND, FL 32751

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: DORIS MAHONEY

VP

02/19/2010

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

\_\_\_\_\_ Date