

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77507

FILED
Mar 04, 2009
Secretary of State

Entity Name: MAULDIN'S COLLISION CLINIC, INC.

Current Principal Place of Business:

C/O DEWEY H. MAULDIN
118 EAST CENTER STREET
PERRY, FL 32348

New Principal Place of Business:

C/O KATHRYN M MAULDIN
118 EAST CENTER STREET
PERRY, FL 32348

Current Mailing Address:

C/O DEWEY H. MAULDIN
118 EAST CENTER STREET
PERRY, FL 32347

New Mailing Address:

C/O KATHRYN M MAULDIN
118 EAST CENTER STREET
PERRY, FL 32347

FEI Number: 59-3012041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAULDIN, D. RHETT
118 E. CENTER ST.
PERRY, FL 32347 US

Name and Address of New Registered Agent:

MAULDIN, D. RHETT
2319 WOODS CREEK ROAD
PERRY, FL 32347 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:

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MOULDIN, KATHRYN M
Address: 2319 WOODS CREEK RD
City-St-Zip: PERRY, FL 32347

Title: VPS () Delete
Name: MAULDIN, KATHRYN M
Address: RT. 5, BOX 181
City-St-Zip: PERRY, FL

Title: P () Delete
Name: MAULDIN, D. RHETT,
Address: RT. 5, BOX 181
City-St-Zip: PERRY, FL

Title: D () Delete
Name: MAULDIN, KATHERYN M.,
Address: ROUTE 5, BOX 181
City-St-Zip: PERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: MAULDIN, KATHRYN M
Address: 2319 WOODS CREEK ROAD
City-St-Zip: PERRY, FL 32347

Title: P (X) Change () Addition
Name: MAULDIN, D. RHETT,
Address: 2319 WOODS CREEK ROAD
City-St-Zip: PERRY, FL 32347

Title: D (X) Change () Addition
Name: MAULDIN, KATHERYN M.,
Address: 2319 WOODS CREEK ROAD
City-St-Zip: PERRY, FL 32347

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: KATHRYN M MAULDIN

SEC

03/04/2009

Electronic Signature of Signing Officer or Director

Date