2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

DOCUMENT# L77507

Entity Name: MAULDIN'S COLLISION CLINIC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
2319 WOODS CREEK ROAD
PERRY, FL 32347 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: T
Name: MAULDIN, KATHRYN M
Address: 2319 WOODS CREEK RD
City-St-Zip: PERRY, FL 32347

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

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

Title: D
Name: MAULDIN, KATHRYN M.
Address: 2319 WOODS CREEK ROAD
City-St-Zip: PERRY, FL 32347

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: KATHRYN M MAULDIN VP 03/04/2011

Electronic Signature of Signing Officer or Director — Date