

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90011 020 \*\*\*150.00

<b>DOCUMENT # P00000000551</b> 1. Entity Name U.S.A. LUBE & OIL CHANGE, INC.			
Principal Place of Business 1494 NEW CHEMSTRAND ROAD CANTONMENT, FL 32533		Mailing Address 1494 NEW CHEMSTRAND ROAD CANTONMENT, FL 32533	
2. Principal Place of Business - No P.O. Box # 2320 Hwy 29 South Suite, Apt. #, etc.		3. Mailing Address 2320 Hwy 29 South Suite, Apt. #, etc.	
City & State CANTONMENT, FL Zip - 32533 - Country		City & State CANTONMENT, FL Zip - 32533 - Country	
4. FEI Number 59-3615779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCKINNEY, WADE S 1494 NEW CHEMSTRAND ROAD CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2921 REESE LANE City CANTONMENT FL Zip Code 32533	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Wade S McKinney</u> DATE <u>2-12-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINNEY, WADE S 1494 NEW CHEMSTRAND ROAD CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2921 REESE LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Wade S McKinney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-12-08</u> Daytime Phone # <u>850-937-8555</u>	

WADE S. MCKINNEY