

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000024526		
1. Entity Name AUTOPAD, INC.		
Principal Place of Business 2120 S.W. 12TH ROAD OCALA, FL 34470		Mailing Address 1706 N. MAGNOLIA #203 OCALA, FL 34475
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAMPY, DARRYL 1706 N. MAGNOLIA #203 OCALA, FL 34475		 01312005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3682294 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MERRILL, BRYAN	
STREET ADDRESS	2816 SW 19TH CT.	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE	D	
NAME	HAMPY, DARRYL	
STREET ADDRESS	1706 N. MAGNOLIA #203	
CITY - ST - ZIP	OCALA, FL 34475	
TITLE	D	
NAME	LIGHTBODY, THOMAS W	
STREET ADDRESS	2200 S.W. COLLEGE AVENUE	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE	D	
NAME	LIGHTBODY, STEPHEN C	
STREET ADDRESS	2200 SW COLLEGE AVE.	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Darryl Hampy		2-5-07 352-843-0420 Date Daytime Phone #