

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024526

Entity Name: AUTOPAD, INC.

FILED  
Feb 08, 2012  
Secretary of State

## Current Principal Place of Business:

4265 NW 44TH AVE.  
OCALA, FL 34482

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 2463  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-3682294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMPY, DARRYL C MR  
4265 NW 44TH AVE.  
OCALA, FL 34482 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: D  
Name: MERRILL, BRYAN MR  
Address: 2816 SW 19TH CT.  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: HAMPY, DARRYL C MR  
Address: P. O. BOX 2463  
City-St-Zip: Ocala, FL 34478

Title: D  
Name: LIGHTBODY, THOMAS W MR  
Address: 2200 S.W. COLLEGE AVENUE  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: LIGHTBODY, STEPHEN C MR  
Address: 2200 SW COLLEGE AVE.  
City-St-Zip: Ocala, FL 34474

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: DARRYL HAMPY

D

02/08/2012

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

\_\_\_\_\_  
Date