

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036091

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: DIESEL SPECIALISTS OF ORLANDO, INC.

## Current Principal Place of Business:

9400 SIDNEY HAYES ROAD  
ORLANDO, FL 32824

## New Principal Place of Business:

## Current Mailing Address:

9400 SIDNEY HAYES ROAD  
ORLANDO, FL 32824

## New Mailing Address:

FEI Number: 59-3639146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODBLATT, AMY E ESQ  
221 NE IVANHOE BLVD., SUITE 205  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

LOVELL, MARK  
9400 SIDNEY HAYES ROAD  
ORLANDO, FL 32824 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: MARK LOVELL

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOVELL, MARIE  
Address: 17617 LONG RIDGE DRIVE  
City-St-Zip: MONTVERDE, FL 34756

Title: PRES ( ) Delete  
Name: LOVELL, MARK A  
Address: 17617 LONG RIDGE DRIVE  
City-St-Zip: MONTVERDE, FL 34756

Title: TREA ( ) Delete  
Name: LOVELL, MARIE T  
Address: 17617 LONG RIDGE DRIVE  
City-St-Zip: MONTVERDE, FL 34756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARIE LOVELL

TRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date