

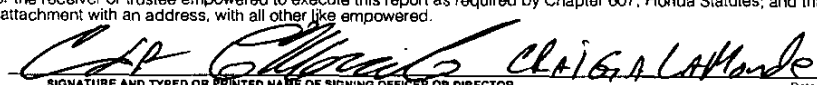


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 046 ***150.00

DOCUMENT # P01000003317 1. Entity Name LAMONDE'S AUTOMOTIVE SERVICE, INC.					
Principal Place of Business 6372-7 GREENLAND RD JACKSONVILLE, FL 32258 US		Mailing Address P O BOX 56350 JACKSONVILLE, FL 32241 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3697384	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, JAMES PA 9905-501 ST AUGUSTINE ROAD 501 JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Craig Lamonde Street Address (P.O. Box Number is Not Acceptable) 6372-7 Greenland Rd City Jacksonville FL Zip Code 32258		
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:  CLAI G A LAMONDE DATE: 7 18 08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMONDE, CRAIG A 6372-7 GREENLAND RD JACKSONVILLE, FL 32258	<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	
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:  CLAI G A LAMONDE			DATE: 7 18 08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT

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Thank you for your order.

Please print this page for your records.

Order # 4455181

State of Formation: Florida

Entity Type: inc.

Order Invoice			
State Fee & Service Fee:	\$160.00		
Total:	\$160.00		

I TRYED
to PAY

Company Name:

Company Name: lamondes automotive service inc

Company Address Information:

Contact and Mailing Address for Order:

craig lamonde
6372 GREENLAND RD
JACKSONVILLE , FL 32258
DUVAL

381-5986
568-8817

ATTACHMENT

40111855

0010000003317

United States
9042683415
CRAIGLAMONDE@YA HOO.COM

Business Purpose:
mechanic service

Capital Stock Information:
2000 shares at a par value of \$0.01 each.

Registered Agent Information:
will act as registered agent.

, None

Director Information

Director 1
craig lamonde
6372 greenland
jacksonville, FL 32258

Officer Information:

President: craig lamonde

Vice-President:

Treasurer:

Secretary:

Payment Information:

lamondes automotive serv
MasterCard *****-4124
Exp. Date: 05/2009

We will begin processing your order immediately following payment.

Additional Comments: