2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P03000003811 1. Entity Namo MECHANICS'CHOICE, INC. Principal Place of Business Mailing Address 555 N. HIGHWAY 17-92 LONGWOOD FL 32750 555 N. HIGHWAY 17-92 LONGWOOD FL 32750 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FE! Number City & State Applied For 16-1722726 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHMIDT, DONALD R Street Address (P.O. Box Number is Not Acceptable) 555 N. HIGHWAY 17-92 LONGWOOD FL 32750 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Rightfure, typed or prened name of registinged agent and use if an proapoli-(NOTE: Registried Agortic golden required when reinstating) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be S550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE Derete TITLE Change Addition NAME SCHMIDT, DONALD R NAME 099999911751 05/07/08-80052-024 150.00 STREET ADDRESS 555 N. HIGHWAY 17-92 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CHY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE ☐ Derete TITLE Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THILE ☐ Delete TITLE ☐ Change Acdition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZP TITLE Delete HILE ☐ Change Addition MAME ичиг STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-ZIP HTG.F ☐ Deiele TITLE Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/6/08

407-695-3777