2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P03000068955

Entity Name: A - D CLUTCH AND REPAIR, INC.

Current Principal Place of Business:

2049 TOWLES STREET
FORT MYERS, FL 33916

New Principal Place of Business:

12731 METRO PARKWAY
SUITE 2
FORT MYERS, FL 33966

Current Mailing Address:

2049 TOWLES STREET
FORT MYERS, FL 33916

New Mailing Address:

12731 METRO PARKWAY
SUITE 2
FORT MYERS, FL 33966

FEI Number: 06-1693563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOFF, MARY A
800 FELIX AVENUE N
LEHIGH ACRES, FL 33971 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GOFF, MARY A
Address: 800 FELIX AVENUE N
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DS ( ) Delete
Name: NIXON, DEBRA
Address: 800 FELIX AVENUE N
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY D GOFF PRES 03/12/2009

Electronic Signature of Signing Officer or Director — Date