

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000049493

1. Entity Name
MARK ADAMS AUTO REPAIR, INC.



Principal Place of Business
12202 HUTCHISON BLVD
STE 47
PANAMA CITY, FL 32407

Mailing Address
12202 HUTCHISON BLVD.
STE 47
PANAMA CITY, FL 32407



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0897301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, LINDA A
669 CHOCTAWHATCHEE RIVER RD
BRUCE, FL 32455

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ADAMS, MARK S
STREET ADDRESS P.O. BOX 3043 669 CHOCTAWATCHEE RIVER RD
CITY-ST-ZIP BRUCE, FL 32455

TITLE V
NAME ADAMS, LINDA A
STREET ADDRESS P.O. BOX 3043 669 CHOCTAWATCHEE RIVER RD
CITY-ST-ZIP BRUCE, FL 32455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Linda A. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-08

Date

850-236-7007

Daytime Phone #