

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049493

FILED
Apr 22, 2009
Secretary of State

Entity Name: MARK ADAMS AUTO REPAIR, INC.

Current Principal Place of Business:

12202 HUTCHISON BLVD
STE 47
PANAMA CITY, FL 32407

New Principal Place of Business:

Current Mailing Address:

12202 HUTCHISON BLVD.
STE 47
PANAMA CITY, FL 32407

New Mailing Address:

FEI Number: 20-0897301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, LINDA A
669 CHOCTAWHATCHEE RIVER RD
BRUCE, FL 32455 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: P () Delete
Name: ADAMS, MARK S
Address: P.O. BOX 3043 669 CHOCTAWATCHEE RIVER RD
City-St-Zip: BRUCE, FL 32455

Title: V () Delete
Name: ADAMS, LINDA A
Address: P.O. BOX 3043 669 CHOCTAWATCHEE RIVER RD
City-St-Zip: BRUCE, FL 32455

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: MARK S ADAMS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date