

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000044332

Entity Name: MAX AUTO GROUP INC.

FILED
Jun 12, 2008
Secretary of State

Current Principal Place of Business:

1279 GEORGIA AVE
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

1279 GEORGIA AVE
BAKER, FL 32531 US

New Mailing Address:

FEI Number: 20-2555826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, JAMES
21 WEST MAIN AVE
DEFUNIAK SPRINGS, FL 32435 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

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: HOWELL, JAMES
Address: 21 WEST MAIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: T () Delete
Name: MCLENDON, ROBERT
Address: PO BOX 334
City-St-Zip: BAKER, FL 32531 US

Title: S () Delete
Name: MCLENDON, ANNIE
Address: PO BOX 334
City-St-Zip: BAKER, FL 32531 US

Title: VP () Delete
Name: MCLENDON, CLAIBORN D
Address: 1279 GEORGIA AVE
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCLENDON FAMILY INVE, STMENTS, LLC
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: CLAIBORN D. MCLENDON

VP

06/12/2008

Electronic Signature of Signing Officer or Director

Date