2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 8:00 am Secretary of State **DOCUMENT # P05000093689** 01-10-2007 90047 030 ***150.00 L & M AUTO REPAIRS & SALES, INC. Principal Place of Business Mailing Address 6217 U.S. HIGHWAY 27 SOUTH 6217 U.S. HIGHWAY 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) ▲ FFI Number Applied For City & State City & State 20-3114519 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT E. LIVINGSTON, P.A. Street Address (P.O. Box Number is Not Acceptable) 445 SOUTH COMMERCE AVENUE SEBRING, FL 33870 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TIFLE ☐ Delete NAME LYALL, CHRISTOPHER S NAME STREET ADDRESS STREET ADDRESS 6217 U.S. HIGHWAY 27 SOUTH CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 33870 CHE LYALL Christopher S Addition TETLE Defete TITLE 6212 WS 27 5 WHITESIDE, SIDNEY L MARKE NAME Sebring, Pl. 33870 STREET ADDRESS 6217 U.S. HIGHWAY 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP Change ■ Addition TIDE ☐ Delete TITLE NAME LYALL, LLOYD D NAME STREET ADDRESS 6217 U.S. HIGHWAY 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS

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 attachung with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 4

FILED