2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000015190

Entity Name: GAVIN'S U-PULL-IT, INC.

Current Principal Place of Business:

2301 NW 42ND STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2301 NW 42ND STREET
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 20-4235959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNELL, ROBERT
1101 NW 24TH AVENUE
OCALA, FL 34475 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: SNELL, ROBERT
Address: 1101 NW 24TH AVENUE
City-St-Zip: OCALA, FL 34472 US

Title: VP ( ) Delete
Name: SNELL, MARCIA
Address: 1101 NW 29TH AVENUE
City-St-Zip: OCALA, FL 34425

Title: S ( ) Delete
Name: SNELL, TIMOTHY
Address: 1360 N.W. 24TH AVENUE
City-St-Zip: OCALA, FL 34425

Title: T ( ) Delete
Name: SNELL, TOM
Address: 17160 SE 104TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

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: ( ) 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: ROBERT SNELL P 04/30/2009

Electronic Signature of Signing Officer or Director — Date