

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051481

Entity Name: MAYO TRUCK CLINIC, INC.

FILED  
Mar 10, 2011  
Secretary of State

**Current Principal Place of Business:**

4075 NE CR 354  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

4075 NE CR 354  
MAYO, FL 32066

**New Mailing Address:**

FEI Number: 20-4635013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COULTHURST, BARBARA  
172 W MIAN ST  
MAYO, FL 32066 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: PD  
Name: STRATTON, JEROME P  
Address: 4075 NE CR 354  
City-St-Zip: MAYO, FL 32066

Title: VPD  
Name: STRATTON, RENITA H  
Address: 4075 NE CR 354  
City-St-Zip: MAYO, FL 32066

I hereby 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 all other like empowered.

SIGNATURE: RENITA H. STRATTON

VPD

03/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date