2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000057985 1. Entity Name



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90398 026 ***150.00

JOHN COULTER MECHANIC, INC.										
Principal Place of Business 226 EAST WARREN AVENUE LONGWOOD, FL 32750 US			Mailing Address 226 EAST WARREN AVENUE LONGWOOD, FL 32750 US			4(0087951		1 1779 1777 1 411	mute
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #,	etc.	=	04032007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Number	14-1959	9736		olied For Applicable
Zip	Country Zip		Coun	itry	5. Certificate of	of Status Desired		8.75 Addi ee Required		
	6. Name	and Address of Current	7. Name and Address of New Registered Agent							
DEVORE, F 2428 SOUT SANFORD,	TH MAPL	E AVENUE 71	Name Street Address (P.O. Box Number is Not Acceptable)							
					City			FL	Zip Code	,
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	Signature, typed	d or printed name of registered agen	and title if applicable.	(NOTE: Registere	ed Agent aignature require	ed when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550		on Campaign Fina Fund Contribution.		5.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS		
TITLE Name	P/T COULTE	; R, JOHN E		NAA	Æ				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP					
TITLE NAME				Delete TITO	-				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 1-ST-ZIP				1	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			ا ا	ı.					☐ Change	☐ Addition
indicated of the cor	on this reportion or	he information supplied wi ort or supplemental report the receiver or trustee em tachment with an address	is true and accurate powered to execute with all other like or	e and that my sign this report as requ	ature shall have the	e same legal effec 07, Florida Statute	it as if made under is; and that my nam	oatn; that i a le appears in	m an officer Block 10 of	r Block 11 if
SIGNATURE: 4.25-67 407-312-7166										