2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P07000097257

Entity Name: HUMMING BIRD AUTO AND BODY REPAIR, INC.

Current Principal Place of Business:

514 SW 2ND AVE
OCALA, FL 34471

New Principal Place of Business:

10975 S.E MARICAMP ROAD
OCALA, FL 34472

Current Mailing Address:

514 SW 2ND AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-0801970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, GARFIELD
514 SW 2ND AVE
OCALA, FL 34471 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: PD ( ) Delete
Name: THOMPSON, GARFIELD
Address: 514 SW 2ND AVE
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: ELLINGTON, ANDREA
Address: 566 A FAIRWAYS CIRCLE
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: ELLINTON, MYRTLE P
Address: 568A FAIRWAYS CIRCLE
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: ELLINGTON, PUPERT
Address: 568A FAIRWAY CIRCLE
City-St-Zip: OCALA, FL 34472

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: ANDREA ELLINGTON VP 04/01/2009

Electronic Signature of Signing Officer or Director — Date