

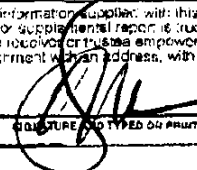
FROM : BRIAN A CARLSON CPA PA

FAX NO. : 352 637 1384

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90020 032 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000106372			
1. Entity Name GARAGE LOGIC OF CITRUS COUNTY, INC			
Principal Place of Business 3466 E. GULF TO LAKE HWY INVERNESS, FL 34453		Mailing Address 3466 E. GULF TO LAKE HWY INVERNESS, FL 34453	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MUMFORD, STUART R 3466 E. GULF TO LAKE HWY INVERNESS, FL 34453		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 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 _____ DATE _____ Signature of person or business registered agent who will appear on the report (if applicable) (If filer is Registered Agent, signature required when necessary)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBOIS, RONALD K 3466 E. GULF TO LAKE HWY INVERNESS, FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUMFORD, STUART R 3466 E. GULF TO LAKE HWY INVERNESS, FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 attachment with an address, with all other like empowerments.			
SIGNATURE: 		Date: 4-30-08 ☐ Change ☐ Addition	

40104613



04302008 Chg-P CR2E034 (12/06)

FEI Number: **77-0700041** Applied For: ☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required