

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000099005

FILED
Feb 15, 2012
Secretary of State

Entity Name: TOM WILDING AUTO REPAIRS INC

Current Principal Place of Business:

1848 NE JACKSONVILLE ROAD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 923
OCALA, FL 34478

New Mailing Address:

FEI Number: 45-3908923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDING, THOMAS R
1848 NE JACKSONVILLE ROAD
OCALA, FL 34470 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: P
Name: WILDING, THOMAS R
Address: 1848 NE JACKSONVILLE ROAD
City-St-Zip: Ocala, FL 34470

Title: VP
Name: WILDING, ROBERTA L
Address: 1848 NE JACKSONVILLE ROAD
City-St-Zip: Ocala, FL 34470

Title: SEC
Name: SHEA, CONNIE M
Address: 1848 NE JACKSONVILLE ROAD
City-St-Zip: Ocala, FL 34470

Title: M
Name: LEFEVRE, TRACY L
Address: 1848 NE JACKSONVILL RD
City-St-Zip: Ocala, FL 34470

Title: M
Name: WILDING, JASON T
Address: 1848 NE JACKSONVILLE RD
City-St-Zip: Ocala, FL 34470

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: THOMAS R. WILDING

PT

02/15/2012

Electronic Signature of Signing Officer or Director

Date