

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38036

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: FULL LINE EXHAUST, INC.

## Current Principal Place of Business:

151 TINKER COURT  
DOTHAN, AL 36303 US

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 8335  
DOTHAN, AL 363040335 US

## New Mailing Address:

FEI Number: 63-0978833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWRENCE, TAMMY  
5124 VIVIAN PLACE  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

FLEMING, TAMMY  
5124 VIVIAN PLACE  
TAMPA, FL 33619 US

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: TAMMY FLEMING

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: JOHNS, RONNIE R  
Address: 151 TINKER COURT  
City-St-Zip: DOTHAN, AL

Title: ST ( ) Delete  
Name: JOHNS, TERESA  
Address: 151 TINKER COURT  
City-St-Zip: DOTHAN, AL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RONNIE R JOHNS

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date