2006 FOR PROFIT CORPORATION

Feb 09, 2006 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P92000006609 1. Entity Name 02-09-2006 90045 015 ***150.00 AUTO DYNAMICS OF WINTER HAVEN, INC. Principal Place of Business Mailing Address 3020 CYPRESS GARDENS RD WINTER HAVEN FL 33884 3020 CYPRESS GARDENS RD WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3155237 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *Daker* MANUEL L BAKER ss (P.O. Box Number is Not Acceptable) Hidden Oaks Ly 3807 GAINES DR, SE WINTER HAVEN FL 33884 City 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. (NQTE: Registered Agent signature required when reinstating) gent and litle if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change : Addition MANUEL L BAKER NAME 145 Hidden Oaks Ln STREET ADDRESS STREET ADDRESS 3807 GAINES DRIVE, SE CITY-ST-78 CITY-ST-ZIP WINTER HAVEN FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE ODUM, DEWEY NAME NAME STREET ADDRESS 3020 CYPRESS GARDENS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7/P

Change

☐ Addition

FILED