


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000005189</b> 1. Entity Name <b>MECHANIX CHOICE, INC.</b>	
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Principal Place of Business <b>2072 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>2072 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246 US</b>
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**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3218816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CLAUDIO, PATRICK J  
2072 ST JOHNS BLUFF RD  
JACKSONVILLE, FL 32246**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CLAUDIO, PATRICK J 8657 RIVERCREST DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP YATT, M S 8019 WEATHERBY CT. JAX, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/09/08-80007-019-150.00

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 empowered.

**SIGNATURE:** *Mark S. Yatt* **MARK S. YATT** 1/4/08 924-645-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #