2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 26, 2007 08:00 AM DOCUMENT # P96000015897 **Secretary of State** 1. Entity Name BRANDON AUTO CLINIC, INC. Principal Place of Business Mailing Address 901 W. BRANDON BLVD. 901 W. BRANDON BLVD. BUILDING A BUILDING A BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3360500 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERRIGO, JOHN A 901 W. BRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) BUILDING A **BRANDON FL 33511** 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. Signature, typed or printed name of registered agent and title r applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HRE ☐ Change Defete TITLE ■ Addition ERRIGO, LINDA A NAME U00000679734 NAME 901 W BRANDON BLVD BLDG, A STREET ADDRESS STREET ADDRESS 04/03/07-80048-025 150.00 BRANDON FL 33511 CHY-SI-ZIP CITY - S1-7IP Delele TITLE ☐ Change ■ Addition ERRIGO, JOHN A NAME NAME 901 W BRANDON BLVD BLDG A STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CiTY-ST-7IP City-SI-7/P TITLE ☐ Dolote DITE Ohango Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST-ZIP Delete HHE Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P THE ☐ Delete TITLE ☐ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-SI-7IP 12. I horoby 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 logal effect as if made under eath; 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

SIGNATURE: TOHN A. ERRIGO 21 MAR 2007 (813)6548686

ment with an address, with all other like empowered