

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034573

FILED
Mar 28, 2009
Secretary of State

Entity Name: FAMILY MART HOME AND AUTO CENTER, INC.

Current Principal Place of Business:

988 WHITE AVE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 307
GRACEVILLE, FL 32440 03

New Mailing Address:

FEI Number: 59-3429726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, ROBERT L
988 WHITE AVE
GRACEVILLE, FL 324400307 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKIPPER, ROBERT L
Address: 988 WHITE AVE PO BOX 307
City-St-Zip: GRACEVILLE, FL 344400307

Title: SD () Delete
Name: SKIPPER, MARY A
Address: 988 WHITE AVE
City-St-Zip: GRACEVILLE, FL 32440

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: SKIPPER, ROBERT A
Address: P.O. BOX 74
City-St-Zip: NOMA, FL 32452 US

Title: MRS. () Change (X) Addition
Name: SKIPPER, NANCY R
Address: P.O> BOX 74
City-St-Zip: NOMA, FL 32452 US

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: ROBERT L. SKIPPER

PRES

03/28/2009

Electronic Signature of Signing Officer or Director

Date