## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000068959

Entity Name: HERMAN'S AUTO CLINIC, INC.

FILED Feb 10, 2012 Secretary of State

| Current Principal Place of Business:   |                             | New Principal Place of Business: |                                   |
|--|-----------------------------|----------------------------------|-----------------------------------|
| 14223 N. FLORIDA AVE.<br>TAMPA, FL 33613   |                             |                                  |                                   |
| Current Mailing Address:   |                             | New Mailing Address:             |                                   |
| 14223 N. FLORIDA AVE.<br>TAMPA, FL 33613   |                             |                                  |                                   |
| FEI Number: 59-2092348   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )    | Certificate of Status Desired ( ) |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |                             |                                  |                                   |
| WYATT, JR R H<br>920 WEST KENTUCKY AV<br>TAMPA, FL 33603 US  | √E                          |                                  |                                   |
| 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 Age | ent                              | Date                              |
|  |                             |                                  |                                   |
| OFFICERS AND DIRECT  | ORS:                        |                                  |                                   |

Title:

Name: WYATT, RALPH H JR
Address: 920 WEST KENTUCKY AVE.
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: RALPH WYATT JR. D 02/10/2012