

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90010 011 \*\*\*150.00

**DOCUMENT # P98000033341**

1. Entity Name  
**MCLEOD'S AUTOMOTIVE REPAIR, INC.**



Principal Place of Business      Mailing Address  
**#1 NE RACETRACK ROAD**      **#1 NE RACETRACK ROAD**  
**FT WALTON BEACH, FL 32547**      **FT WALTON BEACH, FL 32547**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**208 Racetrack Rd NE**      **208 Racetrack Rd NE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Walton Beach, FL**      **Fort Walton Beach, FL**

Zip      Country      Zip      Country  
**32547**      **USA**      **32547**      **USA**



03062008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3507602**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MCLEOD, CHAD A**  
**#1 NE RACETRACK ROAD**  
**FT WALTON BEACH, FL 32547**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**208 Racetrack Rd**  
 City      **Fort Walton Beach**      FL      Zip Code      **32547**

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: *[Signature]*      4-23-08

9. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, CHAD A 710 29 STREET NICEVILLE, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      4-23-08      862-9500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #