

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
208 Racetrack Rd
 City State Zip Code
Fort Walton Beach **FL** **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]* DATE
4-23-08

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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]* DATE **4-23-08** DAYTIME PHONE # **862-9500**