2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000078016

GOOD WORKS AUTO ELECTRIC, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2201 NO. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084

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DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FÉI Number 59-3596403

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD, BARRY S 135 MENENDEZ RD. ST. AUGUSTINE, FL 32080

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8.	The above named entity submits this sta	atement for th	a purpose of chang	ing its registered office	or registered agent, of	or both, in the State of Florida	. I am familiar with,	and accept
	the obligations of registered agent.							
	_	<u>.</u> .	_					

SIGNATURE.

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000922003

05/15/08-80029-022 150.00

10. OFFICERS AND DIRECTORS TITLE CLIFFORD, BARRY S NAME STREET ADDRESS 2201 NO. PONCE DE LEON BLVD. CITY-ST-ZIP ST. AUGUSTINE, FL 32084 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 empoyaged.

SIGNATURE: 5400