

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S62326

Entity Name: MOBILE CAR DOCTOR, INC.

FILED
Jun 13, 2008
Secretary of State

Current Principal Place of Business:

597 3 RD ST SW
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

597 3 RD ST SW
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3073681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, EUGENE
597 3 RD ST SW
WINTER HAVEN, FL 33880 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIDSON, EUGENE
Address: 597 3 RD ST SW
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVIDSON, YOLANDA
Address: 597 3 RD ST SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: CEO () Change (X) Addition
Name: DAVIDSON, EUGENE
Address: 597 3 RD ST SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: OFF () Change (X) Addition
Name: MISHLER, CHRISTOPHER S
Address: 597 3RD SR SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC () Change (X) Addition
Name: HOFFRICHTER, KEVIN N
Address: 597 3RD ST SW
City-St-Zip: WINTER HAVEN, FL 33880

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: YOLANDA DAVIDSON

PRES

06/13/2008

Electronic Signature of Signing Officer or Director

Date