

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99286

Entity Name: MELVIN'S REPAIR SHOP, INC.

FILED
Jun 25, 2008
Secretary of State

Current Principal Place of Business:

1625 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1625 OLD MOULTRIE RD
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3095865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPCHURCH, JR. H DAVIS
C/O UP CHURCH & PARSONS, P.A.
1510 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

CHAPMAN, C
1625 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32084 US

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: C MELVIN CHAPMAN

06/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAPMAN, C MELVIN S, R
Address: 584 HAZEL ST
City-St-Zip: ST AUGUSTINE, FL

Title: DS () Delete
Name: CHAPMAN, ROBERT M,
Address: 820 CYPRESS RD
City-St-Zip: ST AUGUSTINE, FL

Title: DT () Delete
Name: CHAPMAN, C MELVIN J, R
Address: 3636 US 1 S
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: C MELVIN CHAPMAN

DP

06/25/2008

Electronic Signature of Signing Officer or Director

Date