

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36310

FILED
Aug 25, 2008
Secretary of State

Entity Name: JAMASCO AUTO REPAIR, INC.

Current Principal Place of Business:

5755 FUNSTON ST
HOLLYWOOD, FL 330231938 US

New Principal Place of Business:

Current Mailing Address:

5755 FUNSTON ST
HOLLYWOOD, FL 330231938 US

New Mailing Address:

13800 APPALACHIAN TRAIL
DAVIE, FL 333251211 US

FEI Number: 65-0332786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNANCY, MARIE A.
13800 APPALACHIAN TRAIL
DAVIE, FL 333251211 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

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: PD () Delete
Name: PUNANCY, CLEMENT G.,
Address: 13800 APPALACHIAN TRAIL
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: PUNANCY, MARIE A.,
Address: 13800 APPALACHIAN TRAIL
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: PUNANCY, JAYSON M
Address: 13800 APPALACHIAN TRAIL
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: PUNANCY, MARC N
Address: 13800 APPALACHIAN TRAIL
City-St-Zip: DAVIE, FL 33325

Title: CD () Delete
Name: PUNANCY, SCOT Z
Address: 13800 APPALACHIAN TRAIL
City-St-Zip: FORT LAUDERDALE, FL 33325

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:

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: MARIE A. PUNANCY

PD

08/25/2008

Electronic Signature of Signing Officer or Director

Date