



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000068645 1. Entity Name A-1 AUTOMOTIVE CENTER, INC.	
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Principal Place of Business 15125 CLASSIQUE LANE #3 TAVARES, FL 32778 US	Mailing Address 15125 CLASSIQUE LANE #3 TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE

	
04102007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 20-0082757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETTER BOOKS & TAXES, INC.
 8431 ORANGE BLOSSOM ROAD
 HOWEY-IN-THE-HILLS, FL 34737

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

1000000706100
 04/24/07-80018-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNS, CONNIE 15125 CLASSIQUE LANE #3 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWNS, CONNIE 15125 CLASSIQUE LANE #3 TAVARES, FL 32778
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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]* _____ **4-14-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #