FILED
Apr 14, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L02487

1. Entity Name
A-1 ELECTRIC MOTOR SHOP, INC.

Principal Place of Business
% STEVEN L. SWALLOWS
227 W. BERESFORD AVE
DELAND, FL 32720-7303

Mailing Address
LYNN SWALLOWS
1700 W EUCLID AVE
DELAND, FL 32720 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2959391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWALLOWS, STEVEN L.
227 W. BERESFORD AVE
DELAND, FL 32720

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 _____
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWALLOWS, STEVEN L.
STREET ADDRESS	1700 W. EUCLID AVE
CITY-ST-ZIP	DELAND, FL
TITLE	DV
NAME	SWALLOWS, LYNN W.
STREET ADDRESS	1700 W. EUCLID AVE
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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: Lynn Swallows Lynn Swallows Jan 4 '05
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR Date Daytime Phone #