

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # 384548	
1. Entity Name PATTON'S ALIGNMENT & BRAKE SERVICE INC.	

Principal Place of Business 2405 S. ADAMS ST. TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 6658 TALLAHASSEE FL 32314 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-1354194	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDSEY, SAM 2405 S. ADAMS ST. TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, typed or printed name of registered agent and title, if applicable	DATE _____ (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
ST LINDSEY, ANNETTE 7114 CALICO CIRCLE TALLAHASSEE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P LINDSEY, SAM 7114 CALICO CIRCLE TALLAHASSEE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
V HUTCHESON, SHEILA 321 SPRUCE CREEK DR TALLAHASSEE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ANNETTE LINDSEY s/t 3/5/08 222-0142
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