


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # 384548</b>			
1. Entity Name <b>PATTON'S ALIGNMENT &amp; BRAKE SERVICE INC.</b>			
Principal Place of Business <b>2405 S. ADAMS ST. TALLAHASSEE FL 32301 US</b>		Mailing Address <b>P.O. BOX 6658 TALLAHASSEE FL 32314 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E034 (10/07)

4. FEI Number <b>59-1354194</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>LINDSEY, SAM 2405 S. ADAMS ST. TALLAHASSEE FL 32301</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable      NOTE: Registered Agent's signature required when resigning      DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00.</b> <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Trus: Fund Contribution. <input type="checkbox"/> Added to Fees</p>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST LINDSEY, ANNETTE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7114 CALICO CIRCLE			NAME			
STREET ADDRESS	TALLAHASSEE FL			STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	P LINDSEY, SAM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7114 CALICO CIRCLE			NAME			
STREET ADDRESS	TALLAHASSEE FL			STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	V HUTCHESON, SHEILA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	321 SPRUCE CREEK DR			NAME			
STREET ADDRESS	TALLAHASSEE FL			STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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.

SIGNATURE *Annelle Lindsey* **ANNETTE LINDSEY s/t 3/5/08 222-0142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR