

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 041 ***150.00

DOCUMENT # F08001

1. Entity Name
**FORT WALTON ALTERNATOR & STARTER SERVICE,
INC.**



Principal Place of Business

NC.
28 HOLLYWOOD BLVD. S.W.
FT. WALTON BEACH, FL 32548

Mailing Address

NC.
28 HOLLYWOOD BLVD. S.W.
FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2044756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, PRISCILLA
5820 CONGRESS STREET
GULF BREEZE, FL 32561

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROBINSON, PRISCILLA L
5820 CONGRESS ST
GULF, BR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROBINSON, GREGORY
1836 DIPLOMAT
GULF BREEZE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROBINSON, JEFFREY
5824 CONGRESS ST
GULF BREEZE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Priscilla L. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28 2005
Date

850 243-1225
Daytime Phone #