

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 040 ***150.00

DOCUMENT # H17464

1. Entity Name
MEL'S WHEEL ALIGNMENT AND BRAKE SERVICE, INC.



Principal Place of Business Mailing Address
1900 42ND ST NW 1900 42ND ST NW
WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881

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

01252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2451998 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURVIN, JAMES MELVIN
1900 NW 42ND ST
WINTER HAVEN, FL 33881

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and 800 if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P CURVIN, JAMES M.
STREET ADDRESS **205 FULTON GREEN RD**
CITY-STATE-ZIP **LAKELAND, FL**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
S CURVIN, GLORIA J.
STREET ADDRESS **205 FULTON GREEN RD.**
CITY-STATE-ZIP **LAKELAND, FL**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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: **James M. Curvin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 863-967-3017
Date Daytime Phone #